

FILED JUN 1--1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17515**
Registrar's No. **4831**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. 4831					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Illinois</u>				b. COUNTY <u>Madison</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		c. CITY OR TOWN <u>Collinsville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>520 High School St #120</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kimi</u>			b. (Middle) <u>Horetta</u>			c. (Last) <u>Andreano</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-56</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="checkbox"/>		8. DATE OF BIRTH <u>12-17-55</u>			
9. AGE (In years last birthday) <u>5</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ernest Andreano</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Fenstermann</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ed Johnston</u>					ADDRESS <u>500 S. Kingshighway</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosis</u>				INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. 1/25/56 (admitted) 7:30 PM</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>5977</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT OR HOME BOMBING (Specify) <u>SHOOTING</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>5-2-1956</u> , to <u>5-18-1956</u> , that I last saw the deceased alive on <u>5-18-1956</u> , and that death occurred at <u>7:35 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Teresa J. Vletti MD</u>				23b. ADDRESS <u>Childrens Hospital</u>				23c. DATE SIGNED <u>5-18-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Collinsville, Illinois</u>					
DATE REC'D BY LOCAL REG. <u>MAY 18 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert A. Kassly</u>		ADDRESS <u>Collinsville, Illinois</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Walter Embalmer, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter A. Frank.....

Licensed Embalmer No. 68

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.