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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-011350
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3790

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS MO. — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis City Hosp. #1 — Length of stay in 15 25

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐ 269
d. STREET ADDRESS (If outside, give location): 1412 Clinton — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ~~DOMINIC~~ Damiano; Middle; Last BIONDO

4. DATE OF DEATH: Month April; Day 2; Year 1958

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: 4-2-1886

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY: Shoe

11. BIRTHPLACE (City and state or country): Italy, Cinisi 5

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Vito Biondo

13b. MOTHER'S MAIDEN NAME: Anna Vitale

14. NAME OF HUSBAND OR WIFE: Myrtle Rose Biondo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 491-18-8903

17. INFORMANT: Joseph Biondo — Address: 234 Gage

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC CORONARY THROMBOSIS — 7 DAYS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NONE 420.1

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/27/58, to 4/2/58 and last saw him alive on 4/2/58
Death occurred at 11:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Daniel I. Mullally M.D.

22b. ADDRESS: 1515 Lafayette Ave.

22c. DATE SIGNED: 4/2/58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-5-58

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS: ST. LOUIS FUNERAL HOME 2205 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.: APR 4 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or~~ by ....., Student Embalmer No. —

working under my personal supervision.

Student — — — — .....
Signature of Student Embalmer

Signed Eleonora H. Remelin

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.