RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-033468

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 379

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre — Length of stay in Ib: **
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: St Francois
c. CITY OR TOWN: Bonne Terre — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 204 Summitt — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ** ANDREW Middle (none) Last FEDORCO **

4. DATE OF DEATH: Month Oct Day 4 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9-29-1885
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: St Joseph Lead Co.
11. BIRTHPLACE (City and state or country): Europe
12. CITIZEN OF WHAT COUNTRY: ***

13a. FATHER'S NAME: John Fedorco
13b. MOTHER'S MAIDEN NAME: Anna Fedorco
14. NAME OF HUSBAND OR WIFE: Margaret Novak Fedorco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: 490-03-1539A
17. INFORMANT: Wife — Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Infarction myocardium — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic coronary thrombosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
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 Dec. 1958, to Oct. 4, 1959 and last saw her/him alive on Oct. 4, 1959
Death occurred at 9:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title)
22b. ADDRESS: Bonne Terre, Mo.
22c. DATE SIGNED: 10-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-7-1959
23c. NAME OF CEMETERY OR CREMATORY: St Joseph's Catholic
23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo.

24. FUNERAL DIRECTOR: G. Z. Boyer & Son Inc. ADDRESS: Bonne Terre
25. DATE RECD. BY LOCAL REG.: Oct. 6, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudolph

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed B. T. Boyer
B. T.. Boyer

Licensed Embalmer No. 3 6 6 0

P. O. Address Desloge, Mo.

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