

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041578

FILED VS DEC 7 1959

210906

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b		c. CITY OR TOWN Collinsville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 329 Bissell Ave.	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle NMN Last BORDONI, SR				4. DATE OF DEATH Month NOVEMBER Day 23 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-17-91	
				9. AGE (last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Bldg. Construction		11. BIRTHPLACE (City and state or country) Argentina	
13a. FATHER'S NAME John Bordoni				13b. MOTHER'S MAIDEN NAME Marie (Unknown)		12. CITIZEN OF WHAT COUNTRY U.S.A	
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. _____		17. INFORMANT Address Angelina Bordoni Collinsville, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE						INTERVAL BETWEEN ONSET AND DEATH 4 YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERNEPHROMA, SUSPECTED						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 NOV. 14, 1959 to NOV. 23, 1959 and last saw her/him alive on NOV. 23, 1959 Death occurred at 11:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. D. Vermillion, M.D. M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 11/24/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/27/1959		23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery		23d. LOCATION (City, town, or county) (State) Collinsville, Ill.	
24. FURNERARY DIRECTOR ADDRESS Hubert H. Keady, COLLINSVILLE, ILL.				25. DATE RECD. BY LOCAL REG. NOV 25 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF MISSOURI

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 W. H. E. Student Embalmer No. _____
working under my personal supervision.
Student _____ Signed W. H. E.
Signature of Student Embalmer

Licensed Embalmer No. 2803
P. O. Address Collinsville,

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.