URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959

59-041867

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9610

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 6 weeks

c. CITY OR TOWN Overland — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2551 Endicott Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Anna Middle May Last Ghidoni

4. DATE OF DEATH Month 10 Day 17 Year 59

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11/26/79

9. AGE (last birthday) 79 — 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) Social Service Worker

10b. KIND OF BUSINESS OR INDUSTRY Mothers & Babies Home

11. BIRTHPLACE (City and state or country) Rolla, Mo.

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

13a. FATHER'S NAME Isaac Browne

13b. MOTHER'S MAIDEN NAME Mary Wilson

14. NAME OF HUSBAND OR WIFE Everisto Ghidoni

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. 493-38-1298

17. INFORMANT Mr. Herbert D. Browne Address 2551 Endicott Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage, left — INTERVAL BETWEEN ONSET AND DEATH 37 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertensive heart disease — 1 yr +

DUE TO (c) 443x

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 Sept 10, 1959, to Oct 17, 1959 and last saw her/him alive on Oct 16, 1959

Death occurred at 12:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O E Tyfel MD

22b. ADDRESS 4222 N. Grand

22c. DATE SIGNED 10-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 10/19/59

23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery

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

24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union

25. DATE RECD. BY LOCAL REG. OCT 20 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

Ce. 1-6825

Hrs. 11AM to 4 PM Mon.

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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