FILED 13 FEB 25 1960

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-008537

STATE FILE NUMBER

2 1709

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

NDED

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 5 days	c. CITY OR TOWN St. Louis — 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) 4918 N. Union — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: John	Middle: W. Lombardo	Last:	4. DATE OF DEATH	Month: February Day: 12 Year: 1960
5. SEX: Male	6. COLOR OR RACE: white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 1/26/95	9. AGE (last birthday): 65 years	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): Clerk	10b. KIND OF BUSINESS OR INDUSTRY: Grocery	11. BIRTHPLACE (City and state or country): St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: August Lombardo	13b. MOTHER'S MAIDEN NAME: Antonette Catoni	14. NAME OF HUSBAND OR WIFE: Lillie Lombardo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO.: 487 36 6798	17. INFORMANT: Lillie Lombardo — Address: 4918 N. Union Blvd.			

MEDICAL CERTIFICATION

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 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 day.

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

DUE TO (b) Diabetes Mellitus

DUE TO (c) 260+

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 Feb 7-60, to Feb 12-60 and last saw her alive on Feb 12-60

Death occurred at 1 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A H Jost MD	22b. ADDRESS 3700 N Grand	22c. DATE SIGNED 2/13/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 15, 1960	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) St. Louis (State) Missouri
24. FUNERAL DIRECTOR BUCHHOLZ MORT. INC. — ADDRESS 5967 W. Florissant Ave	25. DATE RECD. BY LOCAL REG. FEB 15 1960	26. REGISTRAR'S SIGNATURE Carl Smith. M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wilford H. Bu

Licensed Embalmer No. 4551

P. O. Address St Louis

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