

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 ED VS MAY 25 1960 XC-18 020 221

=60-021475

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5266 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N.GRAND, ST. LOUIS, MO.</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>COLLINSVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>707 VANDALIA ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>TORQUATO</u> Middle <u>SALVATORI</u> Last <u>SALVATORI</u>	4. DATE OF DEATH Month <u>MAY</u> Day <u>17</u> Year <u>1960</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/9/88</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>71</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINE</u>	11. BIRTHPLACE (City and state or country) <u>ITALY</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>LOUIS SALVATORI</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIE LUMINIE</u>	14. NAME OF HUSBAND OR WIFE - - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-1</u>	16. SOCIAL SECURITY NO. <u>332-07-9862</u>	17. INFORMANT Address <u>Ill. Josephine Sanders, 522 Mary, Collinsville,</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SHOCK</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 HOURS</u>
DUE TO (b) <u>CONGESTIVE HEART FAILURE</u>		
DUE TO (c) <u>RUPTURED ABDOMINAL AORTIC ANEURYSM</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>- 451x</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>- 451x</u>
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20c. TIME OF INJURY Hour <u>11:55</u> a.m. <u>P.M.</u> Month, Day, Year <u>5/16/60</u>	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 <u>Collinsville</u>	COUNTY <u>Madison</u>	STATE <u>Ill.</u>
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21. Deceased from <u>5/16/60</u> to <u>5/17/60</u> and last saw <u>HEK</u> him alive on <u>5/17/60</u> Death occurred at <u>11:55 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	22c. DATE SIGNED <u>5/18/60</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-21-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	23d. LOCATION (City, town, or county) <u>Collinsville, Ill.</u>
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24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Collinsville, Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>MAY 19 1960</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
AFFIDAVIT OF

In keeping over 24 hrs.

MS
DEC 16 1960

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 *Robert C. Kasby*

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.