

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-004637

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 869 STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS**
 Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. ANTHONY HOSP.**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where-deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY **ST. LOUIS**
 c. CITY OR TOWN **AFFTON** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **6909 FOXCROFT** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **BABY BOY** Middle Last **TONSI**
 4. DATE OF DEATH Month **JAN** Day **19** Year **1962**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **JAN 18, 1962** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. **5**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 10b. KIND OF BUSINESS OR INDUSTRY **ST. LOUIS MO.** 11. BIRTHPLACE (City and state or country)
 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **RONALD TONSI** 13b. MOTHER'S MAIDEN NAME **MARY KATHERINE LUEPKE** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. **762.5** 17. INFORMANT **RONALD TONSI** Address **6909 FOXCROFT**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Congenital Abnormalities** INTERVAL BETWEEN ONSET AND DEATH **Since Birth**
 DUE TO (b)
 DUE TO (c) **762.5**

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Prematurity**
 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 **18 Jan 62** to **18 Jan 62** and last saw him alive on **18 Jan 62**
 Death occurred at **2:10 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert J. Budra M.D.** 22b. ADDRESS **16 Hampton Village Plaza St Louis 9** 22c. DATE SIGNED **19 Jan 62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **JAN 19, 1962** 23c. NAME OF CEMETERY OR CREMATORY **CALVARY CEM.** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS MO.**

24. FUNERAL DIRECTOR ADDRESS **Thomas Kute 2906 Skewis** 25. DATE RECD. BY LOCAL REG. **JAN 19 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me, ^{not}
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grove

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.