

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-032659

DO NOT WRITE
ON THIS STUB

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7778**

STATE FILE NUMBER

FILED AUG 22 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY St. Louis</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b D.O.A.</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY St. Louis</p> <p>c. CITY OR TOWN Normandy Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 8254 Audrain Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First George Middle B Last Lombardo</p>	
<p>4. DATE OF DEATH Month August Day 7 Year 1962</p>	
<p>5. SEX male</p>	<p>6. COLOR OR RACE white</p>
<p>7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10-8-1905</p>
<p>9. AGE (last birthday) 56</p>	<p>IF UNDER 1 YEAR Months 56 Days 0 Hours 0 Min. 0</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY Independent Coal Dealers, Inc</p>
<p>11. BIRTHPLACE (City and state or country) St. Louis, Missouri</p>	<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>
<p>13a. FATHER'S NAME Frank Lombardo</p>	<p>13b. MOTHER'S MAIDEN NAME unknown</p>
<p>14. NAME OF HUSBAND OR WIFE Hazel L. Lombardo</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No</p>	<p>16. SOCIAL SECURITY NO. 420.0</p>
<p>17. INFORMANT Mrs. Hazel L. Lombardo, 8254 Audrain Dr.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Myocardial Infarction 8 hrs</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease with coronary insufficiency</p> <p>DUE TO (c) insufficiency</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour 10 P.M. Month, Day, Year Aug 8, 1962</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis STATE Missouri</p>	
<p>21. I attended the deceased from 1950 to Aug 8, 1962 and last saw him alive on July 25, 1962</p> <p>Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Richard Jones M.D.</p>	<p>22b. ADDRESS 3720 Washington</p>
<p>22c. DATE SIGNED 8/8/62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation</p>	<p>23b. DATE Aug 11 1962</p>
<p>23c. NAME OF CEMETERY OR CREMATOR Valhalla Crematory</p>	<p>23d. LOCATION (City, town, county) St. Louis County, Missouri</p>
<p>24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis, Missouri</p>	<p>25. DATE RECD. BY LOCAL REG. AUG 9 1962</p>
<p>26. REGISTRAR'S SIGNATURE Loal Smith, M.O.</p>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 VS 300
 R ev. 4/59
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 10
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 12 92-0
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 91
 USE BLACK INK OR TYPEWRITER RIBBON
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Allen W. Vay

Licensed Embalmer No. D 3737

P. O. Address St. Louis Mo.

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.