## OFFICE of VITAL STATISTICS

**CERTIFIED COPY** 

## FLORIDA CERTIFICATE OF DEATH

	Suffix)								2. SEX	
Eleanor Brello							1, 5.5	T OF DEATH #4	Female	<del>-</del>
3. DATE OF BIRTH (Month, Day, Year)  January 11, 1914		GE - Last Birthday Gens) 94	4b. UNDER 1 YI	EAR Days	4c. UNDE Hours	R 1 DAY Minute	e 7	TE OF DEATH (Mo INUATY 31, 2		
5. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (	(City and State or	Foreign Country)	<u> </u>	-	8. COUNTY OF				
321-03-7214	Shelby, I	Indiana				St. Joh	nns			
). PLACE OF DEATH HOSPITAL: (Check only one) NON-HOSPITAL:	Inpatient Hospice fact		ency Room/Outpat Home/Long Term			i on Arrival edent's Home	Other	(Specify)		2
O. FACILITY NAME (# not institution, give		ety // Nursing	Home/cong rem			OWN, OR LOC			11b. INSIDE CITY	LIMITS?
Ponce de Leon Care Ce	enter					ugustine				X No S
2. MARITAL STATUS (Specify)					13. SURV	IVING SPOUSE	'S NAME (#	wife, give maiden	name)	w
Married Married, but Sep. 14a, RESIDENCE - STATE		dowed	Divorced	_Never Married	14c. CITY	, TOWN, OR L	OCATION			_
Florida		St. Johns	•		_	Augustin	e			
4d. STREET ADDRESS						14e. APT. NO		P CODE	14g. INSIDE CITY	
4972 Atlantic View  15a. DECEDENT'S USUAL OCCUPATION (In Do not use "Retired"	indicate type of wo	ork done during mi	ost of working life.	J I	15b. KIND	OF BUSINESS		2080	Yes	<u>X</u> ‰ <b>⊖</b> ⊃
Do not use "Retired" Beauticia	n/Owned E	Seauty Sho	p	·		smetolog	-			******
16. DECEDENT'S RACE (Specify the race/r	aces to indicate wi	het decedent cons	sidered himself/he	erself to be. Mo	e than on	e race may be	specified.)			ಹ
X White Black o	or African American		erican Indian or Al							
Asian Indian Chines Native Hawaiian Guarra	eFIN Notan or Chamorro		aneseKor	rean ner Pacific Isl. (\$	Vietname Specify)	se	Other Asian	(Specify) .Other (Specify)		
7. DECEDENT OF HISPANIC OR HAITIAN	ORIGIN?	Yes (# Yes, sp			dican _	Puerto Ricar			rai/South American	
(Specify if decedent was of Hispanic or H						ic (Spec#y)		Lea wee	S DECEDENT EVER	Haitian
18. DECEDENT'S EDUCATION (Specify the		v	<i>i of achool comple</i> th school diploma		eath.)				ARMED FORCES?	<u></u>
	school but no dipl ellege degree (Spe			Bachelor's	Mas	ster's .	Doctoral	e	_Yes <u>X</u> No ==:	3
20. FATHER'S NAME (First, Middle, Last,			21.	MOTHER'S NAM			Sumame)		<u> </u>	
Melville Jones 22a, INFORMANT'S NAME			عند نصاعت	Clara Bel			23a INFO	MANT'S MAILING	STATE	
22a. INFORMANTS NAME  Ken Jones	NIC	T		Broth	_	AT	LL	Indiana		
23b. CITY OR TOWN	171	23c. STRE	ET ADDRESS	71					23d 200 CODE	
Lowell T	is Do	cumo	10506 W				W. O	<u> </u>	<b>46</b> 356	<del></del>
24. PLACE OF DISPOSITION (Numer of co Craig Crematory Men				cation - stat orida	PIO	PC-125		Augustine	" ऋह	
25- METHOD OF DISPOSITION	tile i		<del>Loun</del>	EV K(	eco	rom State	Other (Sp			<del></del>
26b. IF CREMATION, DONATION OR BUR		27a. LICENSE NUI			NA URE	OF THEORY F			N ACTING AS 9454	<del></del>
					P1 4	OF FUNERAL S		LINEL DIT I LINE		-
WAS MEDICAL EXAMINER APPROVAL GRANTED?	s No	44188		<b>&gt;</b> /	Lin	791,				
APPROVAL GRANTED? A YES  28. NAME OF FUNERAL FACILITY			ol Park	<b>&gt;</b> /		791,	a. FACILITY	S MAILING - STAT	TE .	
28. NAME OF FUNERAL FACILITY  Craig Funeral Home	Crematory	Memoria	al Park			791,		S MAILING - STAT	Z9d. ZIP CODE	
APPROVAL GRANTED? A YES  28. NAME OF FUNERAL FACILITY		Memoria			La	791,	a. FACILITY	S MAILING - STAT		
APPROVAL GRANTED? YES 28. NAME OF FUNERAL FACILITY  Craig Funeral Home 29b. CITY OR TOWN St. Augustine 30. CEPTIFIER: X Certifying Physici	Crematory	Memoria 29c. STRI 147	75 Old Dixi	e Highwa	y and place	29	Florida  Florida  the cause(s) a	S MAILING - STAT	29d. ZIP CODE 32084	
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Carol Medeiros CDR

FEB 08 2008

WARNING:

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