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10-47  
17-39  
P 3906

FILED MAY 11 1948  
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community 8 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 6166 Lucille Ave  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Anthony Bommarito  
3. (b) If veteran No name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lucille  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 12, 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 6 16 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Manager  
11. Industry or business Tonys Spaghetti House

12. Name Vincenzo Bommarito  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Batanzaro  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Max Lucille Bommarito  
(b) Address 6166 Lucille Ave

17. (a) Burial (b) Date thereof May 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of informant Bernard Richards  
(b) Address 1431 Union Blvd.

19. (a) APR 30 1948 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 28  
year 1948 hour 8 minutes 30 M.  
21. I hereby certify that I attended the deceased from 4-20 1948, to 4-28 1948.  
that I last saw him alive on 4-27 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Infarcted Myocardium Duration 4-20  
acute Toxicity 1 week  
of liver, kidneys  
Heart 1 1/2 days  
Other conditions Terminal Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: as above  
Of operations \_\_\_\_\_  
Of autopsy as above  
Done at De Paul Hospital

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredek (M. D. or other) \_\_\_\_\_  
Address 4950 Maryland Date signed 4/29/48

4952- Manchester 1-3  
Carrickville

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Charles R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**

Registration District No. 316 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Anthony Bonmarito

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased Oct 12 (Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 6 (If less than one day hr. min.)

9. Birthplace mo (City, town or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....  
13. Birthplace (City, town, or county) (State or foreign country)

{ 14. Maiden name.....  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (c) Signature of funeral director.....  
(b) Address.....

19. (a) 5-13-48 (b) J.F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 8  
year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

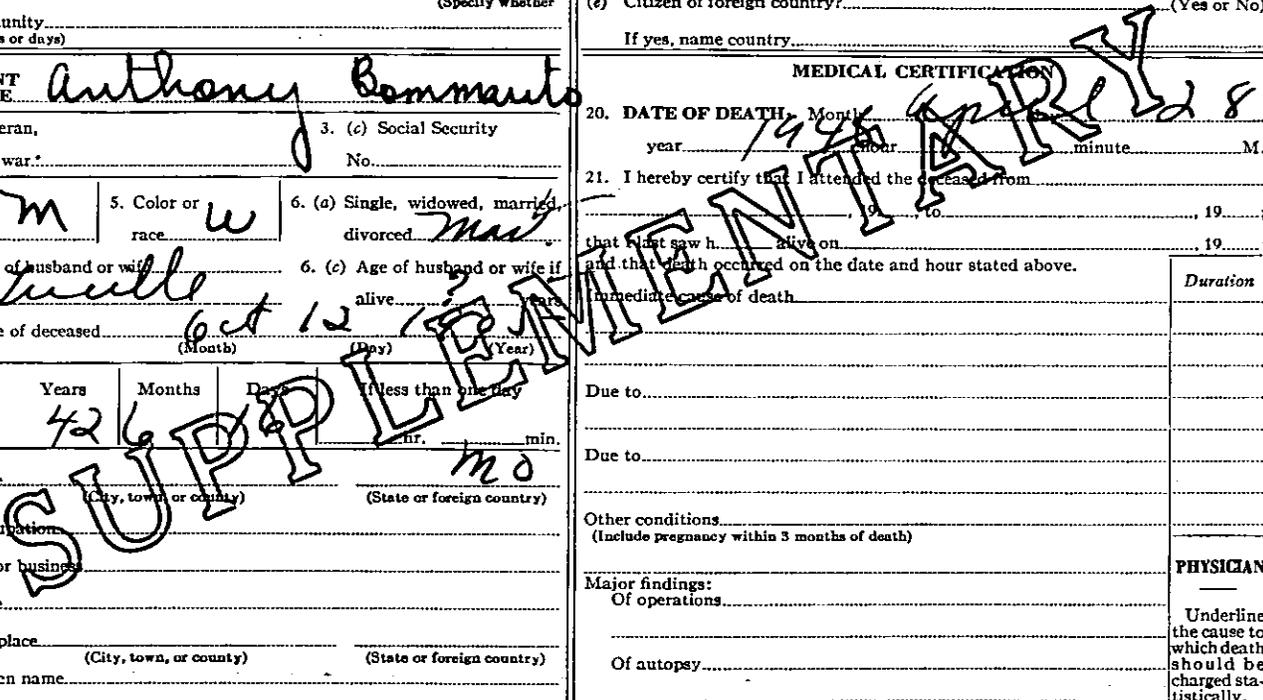
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD



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