S. No. 300
v. 10.48

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10187

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1427

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 26 I22I Chambers St.

2269

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret
b. (Middle)
c. (Last) Bommarito

4. DATE OF DEATH (Month) (Day) (Year) 2/I3/50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3/29/I8
9. AGE (In years last birthday) 3I — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY J. A. Weaver Co.
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Thomas
13b. MOTHER'S MAIDEN NAME Cattherine Miller
14. NAME OF HUSBAND OR WIFE Sam Bommarito

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-I2-2606
17. INFORMANT'S SIGNATURE OR NAME Catherine O'Reilly I22I Chambers ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sodium Fluoride Poisoning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — self administered at her home

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 1221 Chambers St. Feby 13 1950

DUE TO (c) about 9 30 am Suicide

II. OTHER SIGNIFICANT CONDITIONS — while suffering from temporary

Conditions contributing to the death but not related to the disease or condition causing death. Mental aberration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE) 6411
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feby 13 50 9 30 a m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1000 A m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Quinn Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 2/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-15-50
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. FEB 14 1950
REGISTRAR'S SIGNATURE J. B. Sassler
25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir. ADDRESS 2849 Euclid

(Licensed Embalmer's Statement on Reverse Side)

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

3-10-50

Mars

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 .....
Student Embalmer

Signed Robert L. Brinkman

Licensed Embalmer No. 3553

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.