

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37034

State File No.

9557

FILED NOV 6 - 1953
 BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>Greendale</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) <u>2229 Colfax</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hosp.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1953</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>John</u> c. (Last) <u>Bommarito</u> | | 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>May 4 1907</u> | |
| 9. AGE (In years last birthday) <u>46</u> | | 10. USUAL OCCUPATION (Give kind of work done during part of week if given if retired) <u>Chair Mgr.</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Chair Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>John Bommarito</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Manzella</u> | | 14. NAME OF HUSBAND OR WIFE <u>Carolyn Bommarito</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WW#2</u> | | 16. SOCIAL SECURITY NO. <u>492-03-1613</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Carolyn Bommarito</u> | | ADDRESS <u>2229 Colfax</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> <u>acute</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) <u>SUICIDE</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>4200</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>9/26</u> , 19 <u>53</u> , to <u>10/3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/3</u> , 19 <u>53</u> and that death occurred at <u>10:45</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Physician or Nurse) <u>Robert Plashnick M.D.</u> | | 23b. ADDRESS <u>508 N. Grand Ave</u> | |
| 23c. DATE SIGNED <u>10/6/53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 7 1953</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>OCT 6 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miceli & Sons</u> | | ADDRESS <u>1150 N. Kingshighway</u> | |

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

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 *Anthony J. Mucili*
Licensed Embalmer No. *4274*
P. O. Address *St. Louis*

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.