

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **5945**
Registrar's No. **1953**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) 2339 Tennessee | |

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|---|----------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Cataldo b. (Middle) (Tony) c. (Last) Bono | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 1, 1881 |
| 9. AGE (In years last birthday) 72 | | 10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) retired | 10b. KIND OF BUSINESS OR INDUSTRY labor |
| 11. BIRTHPLACE (City and State or Foreign Country) Campobello Italy | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Mike Bono | | 13b. MOTHER'S MAIDEN NAME Vita Georgi | | 14. NAME OF HUSBAND OR WIFE Antonnia Bono | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 498-03-8574 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Antonnia Bono 2339 Tennessee | |

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|---|---|--|--|---------------|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Carcinomatosis of liver, glands | | INTERVAL BETWEEN ONSET AND DEATH Weeks | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) adeno carcinoma of stomach | | | Months |
| | DUE TO (c) arteriosclerosis | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | Years | |

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|---|--|---|---|
| 19a. DATE OF OPERATION 2/25/54 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach, metastasis to liver &c | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 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? 151X | |

22. I hereby certify that I attended the deceased from **2/18**, 1954, to **2/27**, 1954, that I last saw the deceased alive on **2/27**, 1954, and that death occurred at **7⁴⁵** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Jarvis S Katz | | 23b. ADDRESS md. 9 3300 N. Kingshighway | | 23c. DATE SIGNED 3-2-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar. 3, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | |
| DATE REC'D BY LOCAL REG. MAR 2 1954 | REGISTRAR'S SIGNATURE W. Smith md. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli LL50 No. Kingshighway | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Elfron H. Penelisis*

Licensed Embalmer No. *428*

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.