

JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20422
Do not use this space.

791
1003

Registered No. 5266

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 1309a No. 19 th St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1309a No. 19 th St. St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Giovanni Bonmarito
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terrasini Italy

13. NAME Vincenzo DiMercurio

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terrasini Italy

15. MAIDEN NAME Maria Parisi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terrasini Italy

17. INFORMANT Giovanni Bonmarito
(ADDRESS) 1309a No. 19 th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 13 39

19. FUNERAL DIRECTOR (NAME) P. Miceli & Son
(ADDRESS) 1150 No. Kingshighway

20. FILED JUN 12 1939
J. F. Budich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1939

22. I HEREBY CERTIFY That I attended deceased from March 4 1936, to June 10 1939
I last saw him alive on June 10 1939 Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of bronchial
wid metastases March 1934

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Clarence E. Egan M.D.
(Address) 539 W. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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, above space should be left blank.