

FILED FEB 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

123

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 123

1. PLACE OF DEATH: 1003

(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: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days in Hospital
(Specify whether years, months or days)

In this community 38 years

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

Street No. 4740a Newberry Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A. 38 yrs. years.

3. (a) PRINT FULL NAME Angelina Bommarito 563

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francesco Paolo Bommarito

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 29 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65	6	6	hr. min.
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9. Birthplace Balistrato Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER {

12. Name Vincenzo Agrusa

13. Birthplace unknown Italy
(City, town, or county) (State or foreign country)

14. Maiden name Concetta Scardina

15. Birthplace unknown Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank P. Bommarito

(b) Address 4740a Newberry Terr.

17. (a) Burial (b) Date thereof Jan. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicelli - son

(b) Address 1150 No. Kingshighway

19. (a) JAN 5 1940
(Date received local registrar)

(b) Signature J. P. Bommarito
(Registered Embalmer)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 20, 1939, to Jan. 5, 1940,
that I last saw her alive on Jan. 5, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia Broncho Cerebral Thrombosis

Due to Arteriosclerotic vascular disease

Due to _____

Other conditions gbs 52 10
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

Means of injury 1

23. Signature Joseph B. Guccione (M. D. or other) M.D.

Address 2800 N. Taylor Date signed 1-5-40

(Licensed Embalmer's Statement on Reverse Side)

WHILE FILING - USE UNFADING BLACK INK - MAKE 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.

SI 118511

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.