

k. No. 2
-4-13-40
5-17-39
PI X23159

FEB 25 1941 791
Registration District No.

Primary Registration District No. 1003

Registrar's No.

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1 **D**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sam Bongiorno

3. (b) If veteran, name war UNKNOWN 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: MAR 2-1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace ITALY
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Joseph Dwyer

(b) Address 2351 Mullough

17. (a) BURIAL (b) Date thereof 12-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director William Kelly

(b) Address 1416 N. Taylor Ave

19. (a) JAN 13 1941 (b) J. W. Bongiorno
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST. LOUIS 2517
(If outside city or town limits, write "RURAL")
(d) Street No. 704 BIDDLE STR. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8,
year 1941 hour 9:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from December 30, 1940 to January 8, 1941;
that I last saw him alive on January 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, unresolved. IX

Due to Right Inguinal Hernia

Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____
Of autopsy yes

PHYSICIAN

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) _____
(e) Means of injury 0
23. Signature E. J. Dwyer (M. D. or other) 1/8/41
Address 145 Lafayette Ave. Date signed _____

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.....

working under my personal supervision.

Myself

Registered Apprentice No.

City License
47145

Signed

Glen E. Anderson

Licensed Embalmer No. *4141*

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, fact should be so stated above.