

S. No. 2
M-5-42
v. 5-17-39
X 322873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31756
State File No. _____
Registrar's No. 9058

FILED NOV 6 1942
318
Registration District No. _____

Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 Days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, Mo. 12
(If outside city or town limits, write "RURAL") 923
(d) Street No. 2002 A Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Vito Bommarito
3. (b) If veteran, name war No 3. (c) Social Security No. *-

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30,
year 1942 hour 5:15 minute A. M.

4. Sex Male 5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Bommarito 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June 24 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October
1, 19 42 to October 30, 19 42;
that I last saw him alive on October 30, 19 42,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 4 6 hr. min.

Immediate cause of death
myeloid leukemia
Hypertension

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

Due to Lobar pneumonia

10. Usual occupation Watchmaker

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

11. Industry or business _____

Major findings:
Of operations _____

12. Name Unk.

Of autopsy as above

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

14. Maiden name Unk.

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

16. (a) Informant Minnie Bommarito

(b) Address 2002 A Russell Blvd.

17. (a) Burial (b) Date thereof 11/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun Set Park

18. (a) Signature of funeral director Wm. J. Mayall
(b) Address 1926 Allen Ave.

19. (a) OCT 27 1942 (b) J. F. Budek
(Date recorded local file) (Registrar's signature)

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature D. M. Petersen (M. D. or other) 0
Address 1515 Lafayette Avenue. Date signed 10/30/42

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. S. Moyall

Licensed Embalmer No. 1467

P. O. Address 1926 Allen Ave.

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.