S. No. 2
M—1/47
v. 5-17-39

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

#80964

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43483

Registrar's No. 11915

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-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 1
(d) Street No. 2335 Park Avenue 9
Memorial (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH SHARAMITARO
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Margaret Sharamitaro
6. (c) Age of husband or wife if alive U 35 years
7. Birth date of deceased August (Month) 17 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
40	4	11	hr. min.

9. Birthplace Boston (City, town, or county) Massachusetts (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Pappillo Fruit Company
FATHER 12. Name Peter Sharamitaro
13. Birthplace Unknown (City, town, or county) Italy (State or foreign country) 5
MOTHER 14. Maiden name Laura Bomarito
15. Birthplace Unknown (City, town, or county) Italy (State or foreign country) 5
16. (a) Informant Peno Sharamitaro
(b) Address 1122 Art Hill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 29 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1947 hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from 12/11/47, 19..., to Dec. 28th 19 47
that I last saw him alive on Dec. 28th 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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 0
23. Signature Frank F. Martin (M. D. or other)
Address 1515 Lafayette Date signed 12/29/

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Bramner

Licensed Embalmer No. 4200

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 this body is not embalmed, fact should be so stated above.