FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27530 7659

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one Hour, 50 years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 00

(c) City or town: St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No.: 4215 Russell 9 (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Peter Bommarito

3. (b) If veteran, name war: No

3. (c) Social Security No.: 493-01-2700

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mary Bommarito

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Sept. 5th (Month) (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	11	23	hr. min.

9. Birthplace: Italy 5 (City, town, or county) (State or foreign country)

10. Usual occupation: Shoe Worker

11. Industry or business: Brauer Bros Shoe Co.

FATHER
12. Name: Benedict Bommarito
13. Birthplace: Italy 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Dorothy Saputo
15. Birthplace: Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Bommarito
(b) Address: 4215 Russell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 1. 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of undertaker: Bernard Mehaffy
(b) Address: 1431 Union Blvd.

19. (a) AUG 31 1948 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1948 hour 1 minute 30 p M.

21. I hereby certify that I attended the deceased from June, 1948 to Aug. 28, 1948 that I last saw him alive on Aug. 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	5 hours
Due to Arteriosclerosis, gen.	years
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:

23. Signature: Wm. L. Franklin (M. D. or other)

Address: 6342 N. Grand Date signed: 8/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Boardwalk
1924-25

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..... Frank J. Hyland

Licensed Embalmer No. 2645

P. O. Address..... 30 Lenox

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.