

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 22 1950

State File No. 31544

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7683

1. PLACE OF DEATH a. COUNTY St. Louis, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If rural, give location) 1837 A. BENTON ST.	

3. NAME OF DECEASED (Type or Print) a. (First) (JAM) b. (Middle) _____ c. (Last) BOMERITO.		4. DATE OF DEATH (Month) (Day) (Year) 9 10 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUG. 4TH. 1904
9. AGE (In years last birthday) 46.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	11. BIRTHPLACE (State or foreign country) ST. LOUIS, U
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY FORMERLY SMALL ARMS MANUFACTURING	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SALVATORE BOMERITO		13b. MOTHER'S MAIDEN NAME VINGENZA BRONCALEONA		14. NAME OF HUSBAND OR WIFE ANTONETTE BOMERITO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. NONE.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Antonette Bomerto 1837 A. BENTON	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3-4 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Astrocytoma - Rt. frontal lobe		Astrocytoma			
ANTECEDENT CAUSES		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis		yrs.	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X	

22. I hereby certify that I attended the deceased from **9/1/50**, 19**50**, to **9/10/50**, 19**50**, that I last saw the deceased alive on **9/10/50**, 19**50**, and that death occurred at **12:45** m., from the causes and on the date stated above.

23a. SIGNATURE R. A. Meyer (Degree or title) M. D.		23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 9/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 13TH 1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	

DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE J. B. Laester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Und. Co. 1827 HOGAN	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 11 1950

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.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William S. Salfen

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.