

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15098

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Mo.</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 months 9 days</u>	c. CITY OR TOWN <u>University City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #4, Fulton, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>4326 6514 ETZEL AVE.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISADORE</u> b. (Middle) <u>BOMMARITO</u> c. (Last) <u>BOMMARITO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH (In years) (Month) (Day) (Year) <u>May 13, 1880</u>
9. AGE (In years) (Month) (Day) (Year) <u>72 6 11 18</u>		10. IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY</u>
12. CITIZEN OF WHAT COUNTRY? <u>ITALY</u>		13a. FATHER'S NAME <u>PETER BOMMARITO</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY ?</u>		14. NAME OF HUSBAND OR WIFE <u>MARY BOMMARITO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital #4, Fulton, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the cause of dying, such as heart failure, asthma, etc., but means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491 X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>none</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Sept 17, 1953</u> , to <u>May 11, 1954</u> , that I last saw the deceased alive on <u>May 11, 1954</u> , and that death occurred at <u>9:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank J. Nichols, M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital #4, Fulton, Mo.</u>	
23c. DATE SIGNED <u>May 16, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>May 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Central</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin J.N.</u> ADDRESS <u>Fulton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May-15-1954</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> ADDRESS <u>4265</u>	

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

2

Cause length of life

(Licensed Embalmer's Statement on Reverse Side)

1956 F. N. P.

MAY 14
MAY 8 4 1956

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. J. Ross*.....
Licensed Embalmer No. *25*.....
P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.