

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21693**  
Registrar's No. **5835**

FILED JUN 29 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>10 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
f. STREET ADDRESS <b>5247 Alcott</b>		g. (If rural, give location) <b>2079</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Antonina</b> b. (Middle) _____ c. (Last) <b>Bono</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 13, 1896</b>
9. AGE (in years last birthday) <b>60</b>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own house</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Campobello Italy</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13. NAME OF HUSBAND OR WIFE <b>Antonino Bono</b>	
13a. FATHER'S NAME <b>Vito Greco</b>		13b. MOTHER'S MAIDEN NAME <b>Antonina Barbera</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give branch and dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-03-7040</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Gasper Bono</b>		ADDRESS <b>5247 Alcott</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Post operative paralytic ileus</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 day</b>  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. <b>5602</b>			
19a. DATE OF OPERATION <b>6-8-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Unbelieved Hernia</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <b>6-7-56</b> 19, to <b>6-18-56</b> 19, that I last saw the deceased alive on <b>6-18-56</b> 19, and that death occurred at <b>9 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>E.H. Bowden M.D.</b>		23b. ADDRESS <b>634 N. Grand</b>	
23c. DATE SIGNED <b>6-18-56</b>			
24a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>		24b. DATE <b>June 22, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 20 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Miceli</b>		ADDRESS <b>1150 No. Kingshighway</b>	

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

**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 .....  
Student Embalmer

Signed Anthony J. Miceli

Licensed Embalmer No. 4277

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.