

FILED JUN 24 1957

STANDARD CERTIFICATE OF DEATH

57 U 22361  
State File No. 4988  
Registrar's No. 1003

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis  
c. LENGTH OF STAY (in this place)  
c. CITY OR TOWN Ferguson 4119  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital  
e. STREET ADDRESS (If rural, give location) 27 2000 Nemich Road

3. NAME OF DECEASED  
a. (First) Maria  
b. (Middle)  
c. (Last) Bono  
4. DATE OF DEATH (Month) (Day) (Year) May 25, 1957

5. SEX Female  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH May 10 1886  
9. AGE (in years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY own house  
11. BIRTHPLACE (City and State or Foreign Country) Italy S  
12. CITIZEN OF WHAT COUNTRY? Italy

13a. FATHER'S NAME Bartolomeo Bascio  
13b. MOTHER'S MAIDEN NAME Ninfa Leona  
14. NAME OF HUSBAND OR WIFE Sebastiano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no  
16. SOCIAL SECURITY NO. no  
17. INFORMANT'S SIGNATURE OR NAME Leo Bono  
ADDRESS 4295 Kossuth Ave

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Metastatic Carcinoma to liver  
INTERVAL BETWEEN ONSET AND DEATH 1 month  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Primary unknown  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION 156.2  
20. AUTOPSY? 2 YES  NO

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  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 18 May, 1957, to 25 May, 1957, that I last saw the deceased alive on 24 May, 1957, and that death occurred at 7:20 A. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) [Signature] MD  
23b. ADDRESS 216 So. Kings Highway St. L.  
23c. DATE SIGNED MAY 28 '57

24. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE MAY 28 '57  
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery  
24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D BY LOCAL REG. MAY 28 57  
REGISTRAR'S SIGNATURE [Signature]  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli & Sons 1150 N? Kings Highway  
(Licensed Embalmer's Statement on Reverse Side)

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

58  
8  
Uc

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.....  
Licensed Embalmer No. 427  
P. O. Address.....

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.