

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-034932

AMENDED REGISTRAR'S NO. **8979**
 Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER

FILED OCT 13 1961

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>	Length of stay in 1b <i>40 yrs.</i>	c. CITY OR TOWN <i>St. Louis</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>O. A. St. John Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>6328 West Park</i>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <i>Jennie Sharamitaro</i>			4. DATE OF DEATH Month Day Year <i>September 27 1961</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 25, 1899</i>	9. AGE (last birthday) <i>61</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>ownhouse</i>	11. BIRTHPLACE (City and state or country) <i>Italy</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Peter Ciaramitaro</i>		13b. MOTHER'S MAIDEN NAME <i>Laura Bommarito</i>		14. NAME OF HUSBAND OR WIFE <i>Joseph</i>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -- --	16. SOCIAL SECURITY NO. --	17. INFORMANT <i>Joseph Sharamitaro</i>	Address <i>6328 West Park</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i> <i>1 yr</i>
IMMEDIATE CAUSE (a) <i>Coronary embolus</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>A.S.H.D</i>	
DUE TO (c) <i>4200</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>10-15-60</i> to <i>9-27-60</i> and last saw her/him alive on <i>9-27-61</i> Death occurred at <i>9⁰⁰ PM.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Z. H. Bowden M.D.</i> (Degree or title)	22b. ADDRESS <i>634 N. Grand</i>	22c. DATE SIGNED <i>9-28-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept. 30-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
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24. FUNERAL DIRECTOR <i>Miceli & Sons</i> ADDRESS <i>1150 N. Kingshighway</i>	25. DATE RECD. BY LOCAL REG. <i>SEP 28 1961</i>	26. REGISTRAR'S SIGNATURE <i>Roan Smith. M.D.</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Chas R. Sadwell

Licensed Embalmer No. 4077

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.