

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5239 Daggett Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) Yes

3. (a) PRINT FULL NAME Enrico Zanzoterra
3. (b) If veteran, name war NO
3. (c) Social Security No. 489-01-5816

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Celmentina Zanzoterra
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. 15 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>2</u>	hr. _____ min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Laborer

12. Name Giovanni Zanzoterra

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Philomena Binolia

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Celmentina Zanzoterra

(b) Address 5239 Daggett

17. (a) Burial
(Burial, cremation, or removal)
(b) Date of burial Feb. 21 1940
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director J. J. ...
(b) Address 5142 Daggett Ave

19. (a) FEB 20 1940
(Date received local Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5239 Daggett Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 25 Years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1940 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from Jan 1
1940, to 2/18, 1940
that I last saw him alive on 2/17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure, pneumonia (Bronchio)
Due to Sclerosis 5 yrs
Ch. Alcoholism 10 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature L. C. Melliker (M. D. or other)
Address 2608 S. Kingshighway Date signed 2/19/40

Duration
2 days
5 yrs
10 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Paul Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Dagg ett

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, above space should be left blank.