

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5318 Magnolia 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

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. 5318 Magnolia Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 35 Years

8. (b) PRINT FULL NAME Giuseppe Zanaboni 515
3. (b) If veteran, name war NO 3. (c) Social Security No. 498-03-9791

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 6
year 40 hour 30m minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Victoria Viscardi 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 12, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/15 1940 to 7/5 1940
that I last saw him alive on 7/5 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months I Days 24 If less than one day _____ hr. _____ min.
9. Birthplace Italy
(City, town, or county) (State or foreign country)

Immediate cause of death Innervation Duration 2 weeks

10. Usual occupation Laborer
11. Industry or business _____
12. Name Lonigi Zanaboni
13. Birthplace Italy
14. Maiden name Pasquarina Gornati
15. Birthplace Italy
(City, town, or county) (State or foreign country)

Due to Cardiomyopathy of coronary arteries 1940
Due to _____

16. (a) Informant Victoria Zanaboni
(b) Address 5318 Magnolia Ave
17. (a) Burial (b) Date there July 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter's Church
18. (a) Signature of funeral director Paul C. Calcuttara
(b) Address 5142 Dargent
19. (a) JUL 8 1940 (b) _____
(Date received local registrar) (Official Seal)

Other conditions (Include pregnancy within 3 months of death) HO

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____

23. Signature F. L. Melliker (M., D. or other) _____
Address 2608 S. Kings Highway Date signed 7/8/40

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed 

Licensed Embalmer No. 2376

P. O. Address 42 Dagg

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.