

FILLED JUL 21 1941

Registration District No. **791**

Primary Registration District No. **1003**

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:  
3738 Kosciusko Street /  
(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

3. (a) PRINT FULL NAME Rosa M. Zertan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Peter Zertan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 8, 1850  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>9</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business At Home

MOTHER FATHER { 12. Name Vincent Harris  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Anton C. Zertan  
(b) Address 3738 Kosciusko Street

17. (a) Burial (b) Date thereof June 6, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem

18. (a) Signature of funeral director Wm. J. Robert  
(b) Address 1905 So. Grand Blvd

19. (a) JUN 5 - 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 124  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3738 Kosciusko Street 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1941 hour 3 minute 03 A.M.

21. I hereby certify that I attended the deceased from June 1st 1941 to June 4 1941  
that I last saw her alive on June 4 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart  
Duration 15 minutes

Due to 1/2  
Due to Goitre - chr nephritis 1 year

Other conditions Goitre - chr nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature [Signature] (M. D. or other) M.D.  
Address 3739 Grand Ave Date sign 6/5/41

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

*John Hetter*

Licensed Embalmer No. 3980

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 this body is not embalmed, above space should be left blank.**