

No. 2
1-4-41
-17-39
X26390

FILED SEP 17 1941

1003

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 0
In this community Yes 0

3. (a) PRINT FULL NAME Felton Zanella
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Genevieve Zanella
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Aug. 1, 1899

8. AGE: 42 Years 0 Months 9 Days

9. Birthplace Italy 5

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown
13. Birthplace Italy 5

14. Maiden name Unknown
15. Birthplace Italy 5

16. (a) Informant Jack Orlando
(b) Address 3699 Olive St

17. (a) Burial
(b) Date thereof 8, 16, 41
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) AUG 16 1941
(b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(d) Street No. 3699 Olive St.
(e) Citizen of foreign country? no

20. DATE OF DEATH: Month Aug day 12
year 1941 hour 12 minute 35 A.M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to
Due to

Other conditions
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
while at work
Means of injury

23. Signature
Address
Date signed

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

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

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1941

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8/19/41

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 *Faul C. Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggit*

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, fact should be so stated above.