

FILED APR 27 1942 791

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

3475

Registration District No.

Primary Registration District No.

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:
1136 Hodiament
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1136 Hodiament
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (e) PRINT FULL NAME Achille Zani

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 13 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 5 hr. min.

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

10. Usual occupation Terrazzo

MOTHER FATHER 11. Industry or business.....

12. Name Marco Zani
13. Birthplace Venezia Italy
(City, town, or county) (State or foreign country)
14. Maiden name Julia Bessia
15. Birthplace Venezia Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Zani
(b) Address 1136 Hodiament av.
17. (a) Burial (b) Date thereof April 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicoli - son
(b) Address 1150 N. Kingshighway Blvd.
19. (a) APR 18 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1942 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from June
1941 to April 16, 1942
that I last saw him alive on April 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of stomach

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of stomach

Of autopsy.....

Duration

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?

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

23. Signature Joseph D. Cieri (M. D. or other)
Address 1150 N. Kingshighway Date signed 4/17/42

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address: *St. Louis, Mo.*

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.