. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26309

FILED SEP 14 1945

Registration District No. 3118 Primary Registration District No. 1003 Registrar's No. 2168

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:
St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours (Specify whether
In this community -------
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3918a Utah Street 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country -------

3. (a) PRINT FULL NAME Baby Boy Zumpano

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -------

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 10, 1945 (Month) (Day) (Year)

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

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation -------

11. Industry or business -------

FATHER
12. Name William Zumpano
13. Birthplace Kane, (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Paula Fischer
15. Birthplace Lincoln, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant William Zumpano
(b) Address 3918a Utah Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave

19. (a) AUG 16 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10 year 1945 hour 11: minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 10, 1945, to Aug 10, 1945, that I last saw him alive on Aug 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Glucuchlin Stenosis Duration
Due to Cardiac dilatation
Due to Coma
Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations none
Of autopsy Cardiac dilatation

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) no
(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 [illegible] (M. D. or other) MD
Address 3318 S Grand Date signed 8-11-45

(Licensed Embalmer's Statement on Reverse Side)

8912

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.

No Embalming

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.