

FILED SEP 9 1946
318

Registration District No.

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
(Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1317
(d) Street No. 5248 Daggett (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Marie Venezia Zani

3. (b) If veteran, name war _____ 3. (c) Social Security 489-01-6446

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

6. (b) Name of husband or wife Achilles zani 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 16 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 13 hr. _____ min.

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

10. Usual occupation Embroidery machine operator

11. Industry or business Becker Bros. Pleading

12. Name Luigi Bianci

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Zani

(b) Address 5620 Tholozan

17. (a) Burial (b) Date thereof Sept 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway Blvd.

19. (a) 20 1945 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1946 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 1946 to Aug 29 1946
that I last saw her alive on Aug 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hrs

Due to Previous Coronary

Due to Thrombosis 1 year ago

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 94 PHYSICIAN _____

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 _____

23. Signature J. F. Bredek (M. D. or other) _____
Address 607 W. 2nd Date signed 8-30

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

28075

SEP 17 1986

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..... *Albert Mayfield*

Licensed Embalmer No. *BD 77*

P. O. Address..... *St Louis*

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.