

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3489

State File No. ....

FILED FEB 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0989**

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> <b>2129</b>	
d. STREET ADDRESS (If rural, give location) <b>5082 Westminster Place</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Zeta</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 30 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept 30 1881</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>	11. BIRTHPLACE (State or foreign country) <b>Old Mines Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Private Home</b>	11. BIRTHPLACE
13a. FATHER'S NAME <b>Frank Zeta</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Flynn</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ben Burt St Clair Missouri</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fr dislocation of first cervical vertebrae</b> ANTECEDENT CAUSES <b>Fracture of spine sustained when struck by auto driven by one Harold Bermejo</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>in front of about 625 South Sinker Blvd about 9:00 pm</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Jan 30 1952 Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) <b>Jan 30 52 9:00 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>e. 8124 - 25</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:00 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Carl Smith, M.D.</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>2-1-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2/2/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Valley Park Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>1926 Allen Av</b>		DATE REC'D BY LOCAL REG. <b>FEB 1 1952</b>	

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed G. W. Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

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.