No. 200
10.48

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

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40909

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10083

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (In this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1617 A. HELEN ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 2b 1617 A. HELEN ST.

2269

3. NAME OF DECEASED (Type or Print)
a. (First) KATIE
b. (Middle) —
c. (Last) ZOTTARELLE.

4. DATE OF DEATH (Month) (Day) (Year) OCT. 31ST. 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH APRIL 23RD 1866.
9. AGE (In years last birthday) 86
If under 1 year: Months — Days —
If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME.
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES BADARACCO
13b. MOTHER'S MAIDEN NAME UNKNOWN BADARACCO
14. NAME OF HUSBAND OR WIFE JOSEPH ZOTTARELLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Joseph P. Zottarelle
ADDRESS 1617 Helen St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis generalized — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331X.

22. *I hereby certify that I attended the deceased from* 10-28, 1952, *to* 10-31-, 1952, *that I last saw the deceased alive on* 10-31-, 1952, *and that death occurred at* 11:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Albert Kaplan (Degree or title) M.D.
23b. ADDRESS 607 N. Grand
23c. DATE SIGNED 11-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE NOV 4TH 1952
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY.
24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI.

DATE REC'D BY LOCAL REG. NOV 3 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co.
ADDRESS 1827 HOGAN ST.
M.B.
(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

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.