

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 448337

BIRTH NO. _____		REG. DIST. NO. <u>1317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>743373</u>	
1. PLACE OF DEATH a. COUNTY <u>Normandy</u> <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. LENGTH OF STAY (In this place) <u>UNK</u>		c. CITY OR TOWN <u>St. Louis</u>		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>O'Sullivan Home</u>				• STREET ADDRESS (If rural, give location) <u>4238a West Margareta</u> <u>2109</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cosmo</u> b. (Middle) _____ c. (Last) <u>Zerilli</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 5, 1882</u>	9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>71</u>	11. DAYS <u>71</u>	12. HOURS <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done in the course of working life, even if retired) <u>retired OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WESTERN UNION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marsella Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ignatio Zerilli</u>		13b. MOTHER'S MAIDEN NAME <u>Nunzia Frazzetta</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Zerilli</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nancy Pavie</u> <u>4238a W. MARGARETA</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> <u>unknown</u> DUE TO (c) <u>Diabetes mellitus</u> <u>unknown</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>260X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 1, 1953</u> , to <u>Dec 31, 1953</u> , that I last saw the deceased 'alive on <u>Dec 29, 1953</u> , and that death occurred at <u>1:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lewis Littmann</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>8231 Clayton Rd (47)</u>		23c. DATE SIGNED <u>1/2/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Donker</u>		25. ADDRESS <u>P. Miceli 1150 No. Kingshighway</u>			

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

8231 Clayton Rd

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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.....  
Signature of Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4108*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.