RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10065 STATE FILE NUMBER 60-040406

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO
Length of stay in 1b: 102 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2105 SUBLETTE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: BATTISTA Middle: Last: ZANABONI
4. DATE OF DEATH Month: OCTOBER Day: 15 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/3/1890
9. AGE (last birthday) 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ITALY
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME LOUIS ZANABONI
13b. MOTHER'S MAIDEN NAME PAULINE GORNATI
14. NAME OF HUSBAND OR WIFE TERESA ZANABONI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 489-01-5614
17. INFORMANT TERESA ZANABONI 2105 SUBLETTE ST LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC FAILURE WITH PROBABLE RECENT INFARCTION OF LEFT VENTRICLE — INTERVAL BETWEEN ONSET AND DEATH 15-30 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
DUE TO (c) 420.0 H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CARCINOMA OF ESOPHAGUS WITH CARCINOMATOSIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I VA attended the deceased from 7/5/60 to 10/15/60 and last saw him alive on 10/15/60
Death occurred at 11:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE JOHN DILLON (Degree or title) M.D.
22b. ADDRESS VAH, ST LOUIS, MISSOURI
22c. DATE SIGNED 10/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-19-60
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) St.Louis Co. (State) Missouri.
24. FUNERAL DIRECTOR Calcaterra Funeral Home ADDRESS 5142 Daggett Ave.
25. DATE RECD. BY LOCAL REG. OCT 17 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elmer R. Sadure

Licensed Embalmer No. 4077

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.