

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 8 - 1937

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **1428a Montclair**)File No. **22003**Registered No. **5755**

St. Ward)

2. FULL NAME

Anna Zammito(a) Residence, No. **1428a Montclair**St. **6**

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **24** yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Santo Zammito**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

August 20 1868

7. AGE

68

YEARS

00

MONTHS

9

DAYS

20If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**Nile**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Italy**

MOTHER FATHER

13. NAME

Vincent Zammito14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Italy**

15. MAIDEN NAME

Rose (unknown).16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Italy**17. INFORMANT
(ADDRESS)**Joseph Militello
1428a Montclair**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memorial ParkDATE **June 12 1937**19. UNDERTAKER
(ADDRESS)**Pasquale Miedl
1133 No. Kingshighway Bl.**

20. JUN 11 1937

19

J. H. Bredeck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 10th 1937

22. I HEREBY CERTIFY, that I attended deceased from

June 1st 1937 to **June 10th 1937**I last saw him alive on **June 10th 1937** Death is said
to have occurred on the date stated above, at **8:30** p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

June 1st

Other contributory causes of importance:

Cold

Name of operation

none

Date of

What test confirmed diagnosis? **Physical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury, _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. A. Gallagher M. D.(Address) **230 Metropolitan**

