

REC'D APR 12 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1008

 4201
 Do not use this space.

1. PLACE OF DEATH

- (a) County 1 Registration District No. 1
 (b) Township 2 Primary Registration District No. 2
 (c) City St. Louis (d) Street No. Park Lane Memorial Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? 18 yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 307 1619 Maple Street St. NR Granite City, Illinois
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosie Zatti</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1893</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>8</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>millwright</u>	11. Total time (years) spent in this occupation <u>10</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Granite City Steel</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1939</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jugo-Slavia</u>		
FATHER	13. NAME <u>Leonard Zatti</u>	<u>7</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	<u>7</u>
MOTHER	15. MAIDEN NAME <u>Johanna Bishop</u>	<u>7</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	<u>7</u>
17. INFORMANT <u>Rosie Zatti</u> (ADDRESS) <u>Granite City, Illinois</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary-Madison Co. Illinois</u> DATE <u>March 31, 1939</u>		
19. FUNERAL DIRECTOR <u>Francis J. Lakey</u> (ADDRESS) <u>Madison, Ill.</u>		
20. FILED <u>MAR 29 1939</u> <u>J. B. Brudner</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 193922. I HEREBY CERTIFY, That I attended deceased from March 22, 1939, to March 29, 1939I last saw him alive on March 29, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Intestinal Obstruction

Other contributory causes of importance:

Gastric Cancer
Intestinal Obstruction

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr. J. J. Smith, M. D.(Address) 4930 Duane St.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

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.)