

S. No. 2
-11-10-39
5-17-39
PI X21492

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

26955

State File No.

Registration District No. 791

Primary Registration District No.

Registrar's No. 6851

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

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution Missouri Baptist Hospital
(d) Length of stay: In hospital or institution 1 Day
In this community 21-11 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 5450 Orndorff Ave
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME ERCOLE ZOTTARELLE

3. (b) If veteran, name war No 3. (c) Social Security No. 497-011-944

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Mar 5, 1895

8. AGE: Years 45 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Memphis Tenn

10. Usual occupation Salesman

11. Industry or business Goodyear

12. Name Ercole Zottarelle

13. Birthplace Italy

14. Maiden name Elizabeth Johnson

15. Birthplace St. Louis Mo

16. (a) Informant Lucille Zottarelle

17. (a) Burial (b) Date thereof Aug 14, 1940

18. (a) Signature of funeral director J. J. Quinn

19. (a) AUG 13 1940 (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13 year 1940 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 11, 1940, to Aug 12, 1940 that I last saw him alive on Aug 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary artery arteriosclerosis

Due to Adhesive obstructions

Other conditions Adhesive obstructions Cystic duct

Major findings: Adhesive obstructions Cystic duct gall bladder

Of autopsy Coronary thrombosis

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____ (c) Where did injury occur? _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John J. Quinn (M. D. or other) _____ Address 12389 Union Date signed 8/13/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

B. M. Finner
.....
Licensed Embalmer No. *13-91*

P. O. Address *4106^e Botanica*

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, above space should be left blank.