

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St Louis Mo

(b) City or town: St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5221 Shaw
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5.0 yr (Specify whether years, months or days)

In this community: 5.0 yr

3. (a) PRINT FULL NAME: Francis Zoia

3. (b) If veteran, name war: 0

3. (c) Social Security No.: 0

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Anthony Zoia

6. (c) Age of husband or wife if decd 75 years

7. Birth date of deceased: Nov 1 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>8</u>	<u>5</u>hr.....min.

9. Birthplace: Italy (City, town, county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

MOTHER FATHER

12. Name: Joseph Merlo

13. Birthplace: Italy (City, town, county) (State or foreign country)

14. Maiden name: Maria Merlo

15. Birthplace: Italy (City, town, county) (State or foreign country)

16. (a) Informant: Joe Zoia

(b) Address: 5221 Shaw ave St Louis

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: July 8 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Old St Peter Paul Church

18. (a) Signature of funeral director: Saul C Calabrese

(b) Address: 5142 Daggett ave

19. (a) JUL 7 1942 (Date received local registrar)

J. J. Pralich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 000

(c) City or town: St Louis 12 13
(If outside city or town limits, write "RURAL")

(d) Street No.: 5221 Shaw ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 14
year 1942 hour 73 minute 45 a.m.

21. I hereby certify that I attended the deceased from June 20
1942 to July 6 1942

that I last saw her alive on July 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia due to Cerebral thrombosis Duration: 3 days

Due to: Arteriosclerosis generalized

Due to:

Other conditions (Include pregnancy within 3 months of death): 8/5

Major findings: Of operations:

Of autopsy:

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

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? (City or town) (County) (State):

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signatur: Charles Montani (M. D. or other) MD

Address: 5147 Daggett ave Date signed: 7-6-42

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

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17
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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Paul C. Calaterra

Licensed Embalmer No.

2376

P. O. Address

5142 Daggett

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, fact should be so stated above.