

No. 2
-5-43
5-17-39
I X36671

FILED MAR 9 1945

Registration District No. **318** 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:
5421 Tennessee Ave
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Mary Zerbarini**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No No**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Henry** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **July 16 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 3 hr. min.

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

10. Usual occupation **Housework**

11. Industry or business **At Home**

12. Name **John Capestro**

13. Birthplace **Italy** **5-**
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa Floro**

15. Birthplace **Italy** **5-**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Henry Zerbarini**

(b) Address **5421 Tennessee Ave**

17. (a) **Burial** (b) Date thereof **2 22 85**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **KRIEGSHAUSER**

(b) Address **4828 So. Kingshighway**

19. (a) **FEB 20 1945** (b) **J. F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **17**
(c) City or town **St. Louis** **9 15**
(If outside city or town limits, write "RURAL")
(d) Street No. **5421 Tennessee 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 **Feb** day **19**
year **1945** hour **12.15** minute _____ M.

21. I hereby certify that I attended the deceased from **January 3rd** 19**44** to **Feb 19th** 19**45**
that I last saw her alive on **Feb 19th** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary occlusion **4 days**

Due to **Arterio Sclerotic myocarditis** **1 year**

Due to **Arterio-Sclerosis** **4 years**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations **no operation**

Of autopsy **no 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? _____

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

23. Signature **J. F. Gallagher** (M. D. or other) **0**

Address **3903 Olive** Date signed **2/20/45**

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

John G. McR...
Halliday

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 *Edwin D. McR...*

Licensed Embalmer No. *3024*

P. O. Address.....

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.