

S. No. 2
-12-45
5-17-39
P I X47070

FILED-MAR 14 1947

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3428 California Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3428 California Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MABEL C. ZONTOS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Peter S. Zontos**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **December 31-1882**
(Month) (Day) (Year)

8. AGE: Years **64** Months **2** Days **1** If less than one day hr. min.

9. Birthplace **Rushville, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **(Unknown) Windland** 9

13. Birthplace **Unknown**

14. Maiden name **Sarah (Unknown)** 9

15. Birthplace **Unknown**

16. (a) Informant **Peter S. Zontos**

(b) Address **3428 California Avenue**

17. (a) **Burial** (b) Date thereof **Mar. 5-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Picker Cemetery**

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

(b) Address **1926 Allen Avenue**

19. (a) **MAR 4 1947** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2nd**
year **1947** hour **10** minute **05** P. M.

21. I hereby certify that I attended the deceased from **Jan 16**
1945 to **3/10** 19**47**
that I last saw her alive on **2/6** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart disease - hr**
insufficiency
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 **W. Koehn** (M. D. or other) _____
Address **4500 Olive** Date signed **Marydell**

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

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.....
Me....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ray E. Dunbar*.....

Licensed Embalmer No. **2272**.....

P. O. Address. **1926 Allen Avenue**.....

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.