

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 25 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15822

Registrar's No.

3991

Registration District No. 318

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Faith Hospital--2800 N. Taylor Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Olivia Zolezzi

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 Single

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

7. Birth date of deceased Oct. 25, 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 20 hr. _____ min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Hotel Employee

11. Industry or business Linen Room

12. Name Louis Zolezzi

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

14. Maiden name Maria Zella
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Miss. Elle Zolezzi

(b) Address 5076 Ruskin Ave.

17. (a) Burial (b) Date thereof 4-19-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) APR 17 1947 (b) J. J. Bruce
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5082 Ruskin Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
 year 1947 hour 11 minute 25, P. M.

21. I hereby certify that I attended the deceased from 3-29-1947 to 4-15-1947
 that I last saw her alive on Apr 15, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Acute Pulmonary edema</u>	<u>4/11/47</u>
Due to <u>Coronary Occlusion</u>	<u>4/11/47</u>
Due to <u>Rheumatic Heart Disease?</u>	

Other conditions Rheumatic Arthritis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None

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) no
 (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 0

23. Signature Nicholas Vitale (M. D. or other) MD
 Address 3861 St. Louis Ave. Date signed 4/16/47

576 PM
5821 Lafayette

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..... *W Van Matre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.