

10-47
-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **38843**
Registrar's No. **9674**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Victor F. Zerega
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. D. 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie C. Zerega 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 15, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 20 hr. _____ min.

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

10. Usual occupation Secretary

11. Industry or business Zerega Bros. Ins. & R.E.

MOTHER FATHER { 12. Name Vincent Zerega
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Teresa Latura
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Zerega
(b) Address 5746 DeGiverville Ave.

17. (a) Burial (b) Date thereof 11-8-48
(City or town) (County) (State) (Month) (Day) (Year)
(c) Place of burial or cremation Barnes Hospital

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) NOV 7 1948 (b) J. B. Sarker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5746 DeGiverville Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1948 hour 9 minute 50 A.M.
21. I hereby certify that I attended the deceased from October 7
1948 to November 5, 1948;
that I last saw him alive on November 5, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction

Due to Arteriosclerotic heart disease

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Acute myocardial infarction and bronchiectasis
Of operations _____
Of autopsy _____
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 F. Bradley (M. D. certifier)
Address Barnes Hospital Date signed 11/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

9761 2 0377 4.

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 VanMatre

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, fact should be so stated above.