

FILED JAN 11 1949 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

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:  
1216 S. 9th Street  
(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)

3: (a) PRINT FULL NAME MARY ZITO  
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 Frank Zito 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased August 30-1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 3 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Anthony Malle

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

14. Maiden name Mary Polica

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

16. (a) Informant Frank Zito

(b) Address 1216 S. 9th Street

17. (a) Burial (b) Date thereof 12-29-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Modelle

(b) Address 1926 Allen Avenue

19. (a) DEC 27 1948 (b) J. B. Lasater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1216 S. 9th Street  
22 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th  
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 9, 1948, to Dec 24, 1948;  
that I last saw her alive on Dec 24, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death central hemorrhage Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature A. T. Merklin M.D. (M. D. or other) \_\_\_\_\_

Address 2507 Poloma Date signed 12-27-48

MerKlin

Mr. Wm. Klein  
3507 Potomac  
Dr. 1863

**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 Benj. C. Duncan

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.**