

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
St. Louis

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital**

STREET ADDRESS (If rural, give location)
10 3201 University St. 2109

3. NAME OF DECEASED
a. (First) **Pasquale** b. (Middle) _____ c. (Last) **Zinna**

4. DATE OF DEATH (Month) (Day) (Year)
June 16, 1954

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH **Sept. 17, 1868**

9. AGE (in years last birthday) **85** IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Casteluttranno Italy

12. CITIZEN OF WHAT COUNTRY?
USA.

13a. FATHER'S NAME **Antonino Zinna**

13b. MOTHER'S MAIDEN NAME **Leonarda unk**

14. NAME OF HUSBAND OR WIFE **Paulina Zinna**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)
No

16. SOCIAL SECURITY NO. **no**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Lena Emma 3201 University St

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Subdural Hemorrhage**
Hemorrhage left side, fracture of ribs, suffered when struck by car operated by one crossed at Chicago near intersection of Harrison and St. Louis Avenues. about
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
St. Louis Avenues. about

INTERVAL BETWEEN ONSET AND DEATH
845am

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
June 16 1954 Accident

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE OR HOMICIDE
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)
Street

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
St. Louis Mo E 812.4

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
June 16 54 8:45

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
000 25

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Patrick C. Taylor Coroner

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
6. 17. 54.

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
June 19, 1954

24c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis Mo

DATE REC'D BY LOCAL REG.
JUN 17 1954

REGISTRAR'S SIGNATURE
J. Earl Smith, Md

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
P. Miceli 1150 No. Kingshighway

WRITE PLAINLY—USING 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4780
P. O. Address, St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.