

THE DIVISION OF HEALTH OF MISSOURI				STANDARD CERTIFICATE OF DEATH				3826							
FILED FEB 6 1958				Registration District No. 318				Primary Registration District No. 1003				STATE FILE NUMBER			
								Registrar's No. 1054							
1. PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>O/I 2400<sup>2</sup> MENARD ST</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>2340 2400<sup>2</sup> MENARD ST</u>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE J ZANTO</u>						4. DATE OF DEATH Month Day Year <u>JAN 26 1958</u>									
5. SEX <u>D</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG 7 1878</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PACKER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SHAPLEIGH HDWS</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>					
13a. FATHER'S NAME <u>ROBERT ZANTO</u>				13b. MOTHER'S MAIDEN NAME <u>LOUISA VETTERER</u>				14. NAME OF HUSBAND OR WIFE <u>IDA ZANTO</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>492-07-0044</u>		17. INFORMANT Address <u>IDA ZANTO 2400<sup>2</sup> MENARD ST</u>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation</u>										INTERVAL BETWEEN ONSET AND DEATH <u>terminal</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary &amp; Atherosclerotic Heart Disease</u>										years <u>8</u>					
DUE TO (c)															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.1</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)												
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.															
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE				
21. I attended the deceased from <u>March 1947</u> to <u>Jan. 26, 1958</u> and last saw him alive on <u>Jan. 6, 1958</u> Death occurred at <u>9A</u> on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>B. U. Glasberg M. D.</u> (Degree or title)				22b. ADDRESS <u>4500 Olive St.</u>				22c. DATE SIGNED <u>1/28/58</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JAN 29 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NRW ST. MARCUS CEM</u>			23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>			STATE <u>MO</u>					
24. FUNERAL DIRECTOR <u>Thomas Kuttis 2906 Grannis</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>JAN 28 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>									

1-07-6575

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 *Prof. Budd* .....  
Licensed Embalmer No. *3989* .....  
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.