

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICSFile No. **102458**Primary
Dist. No. **4**CERTIFICATE OF DEATH **360**Registered No. **8262**

1. PLACE OF DEATH:

(a) County Allegheny
 (b) Township
 (c) Borough
 (d) City Pittsburgh
 (e) Name of hospital or institution St. John's Gen Hospital
 (If not in hospital or inst. write street number or location)
 (f) Length of stay: 3 days In hospital or inst. In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna. (b) County Allegheny
 (c) City or town Pittsburgh
 (If outside city or town limits, write RURAL)
 (d) Street No. 1901 Charles St
 (If rural give location)
 (e) If citizen of foreign country, name country

3. (a) FULL NAME Margaret Zattiero

3. (b) If U. S. Veteran, complete reverse side of certificate

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Leo Zattiero 6. (c) Age of husband or wife if alive (d) years
 7. Birth date of deceased Dec. 25, 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 22 hr. min.

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

10. Usual occupation Chewing Gum Breaker11. Industry or business D. L. Clark Co.

MOTHER FATHER } 12. Name Angelo Rensi
 13. Birthplace Platy
 (City, town, or county) (State, or foreign country)

MOTHER FATHER } 14. Maiden name Catherine Riverolto
 15. Birthplace Platy
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stm. Zattiero Jr. St. J. O. B.(b) Address 1901 Charles St. Pgh. Pa.

17. (a) Funeral (b) Date thereof Nov. 30, 1949
 (Burial, cremation, or removal) Calvary Cem. (Month) (Day) (Year)

(c) Place Pittsburgh County Allegheny State Pa.18. (a) Signature of funeral director Stm. F. O'Brien(b) Address 3724 California Ave. Pgh. 12, Pa.

19. (a) 11/29/49 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month November day 27
 year 1949 hour 5 minute 40 AM
 21. I hereby certify that I attended the deceased from NOV. 14, 1949, to NOV. 27, 1949
 that I last saw her alive on NOV. 26, 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung, general carcinomatosis

Due to

Due to 163X

Other conditions neuro-fibroma
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy Carcinoma of left lung, general carcinomatosis

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature [Signature] (M. D. or other)Address 516 P. Blvd. 21 Date signed 11-27-49

DURATION

14 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.