

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

20051

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. *St. Johns Hosp*)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **5818**  
St. .... Ward

**2. FULL NAME** *Charles Borroni*

(a) Residence. No. *2729 Macklin* St. *13* Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Theresa Brisetto*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 16 - 1858*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*68* | *11* | *16*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Retired 1867*  
(b) General nature of industry, business, or establishment in which employed (or employer) *1942 Laborer*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

10. NAME OF FATHER *Louigi Borroni*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

12. MAIDEN NAME OF MOTHER *Antonina Merlotto*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

14. INFORMANT *Louis Borroni* (Address) *2729 Macklin*

15. FILED *24 1027* *Mar 6 1927* *Starkoff* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6-22-27* 19

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at *130 p*..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Stroke & Emphysema (Fractured skull) Fall down stairs*

CONTRIBUTORY (SECONDARY) *Accident* (duration) yrs. mos. da. *185* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *185* IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF..... WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *Wm. Dwyer* M.D. (Address) *Dr. P. Coroner*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Peter - Paul* DATE OF BURIAL *June 25 1927*

20. UNDERTAKER *Paul G. Calcutera* ADDRESS *1921 Cooper St*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

