

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

Do not use this space.

25690

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. ....)

File No. ....

Registered No. **7287**

St. .... Ward)

**2. FULL NAME**

**Giovanni Merlotti**

(a) Residence, No. **5518 Magnolia St., 13** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 10 1927**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **19 7 20**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY)

10. NAME OF FATHER **Charles Merlotti**

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

12. MAIDEN NAME OF MOTHER **Carolina Despinette**

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

14. INFORMANT **Mr Charles Merlotti** (Address) **5518 Magnolia Ave**

15. FILED **Aug 12 1927** **Mrs B. Starckoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 11 1927**

17. I HEREBY CERTIFY That I attended deceased from **Aug 9 1927** to **Aug 11 1927** that I last saw him alive on **Aug 11 1927**, and that death occurred, on the date stated above, at **5:00 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS: **SA**

**attestation**  
**1618** (duration) **162** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **none** (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **clinical symptoms**  
(Signed) **P. R. Dehner**, M. D.  
**872** 1927 (Address) **2919 B. N. Hwy**

\*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 **Aug 13 1927**

20. UNDERTAKER **Paul @ Calcaterra** ADDRESS **1921 Cooper**

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.

FADING INK—THIS IS A PERMANENT RECORD

