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

Do not use this space.

35442

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10628

Township ..... Primary Registration District No. 1003 Registered No. .....

City ..... (No. 5356 Union St. ..... Ward)

2. FULL NAME John Colletta

(a) Residence (Usual place of abode) No. 5356 Union St., 7 Ward. ..... (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: None

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 24 - 1927

7. AGE: Years ..... Months ..... Days 3 ..... If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER: Paul Colletta

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

12. MAIDEN NAME OF MOTHER: Maria Orado

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

14. INFORMANT: Paul Colletta (Address) 5356 Union

15. FILED NOV 27 1927, 19..... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 26 1927

17. I HEREBY CERTIFY, That I attended deceased from November 26th 1927, to November 26 1927 that I last saw him alive on November 26th 1927, and that death occurred, on the date stated above, at 10.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Patent Foramen Ovale

1570

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 1598

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical finding

(Signed) J. M. Brown, M.D.

Nov 26, 1927 (Address) 2867 Union Blvd

*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: Calvary

DATE OF BURIAL: Nov 28 1927

20. UNDERTAKER: Bensick-Niehaus

ADDRESS: 113876

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.

Union & St L
Dr. Brown