

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

Do not use this space.

11328

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. St. Louis Children's Hospital Registered No. 3167 Ward)

2. FULL NAME

Maria Meglio

(a) Residence. No. 3018 Minnesota Ave Ward 16

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 1/2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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)

7-16-24

7. AGE

YEARS 6

MONTHS 8

DAYS 4

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

Patrizio Meglio

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Italy

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Emilia Amato

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Italy

(STATE OR COUNTRY)

14.

INFORMANT L. Ketting
(Address) 5008 Kings Highway

15.

FILED 21 1928 May O Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR)

3-20 1928

17.

I HEREBY CERTIFY, That I attended deceased from 3-15, 1928 to 3-20, 1928 that I last saw her alive on 3-20, 1928 and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis - Streptococci
89B
79A

CONTRIBUTORY (SECONDARY)

Mastoiditis, Chr.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

DATE OF.....

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Wright's test
Prof. H. H. Kessel, M.D.
(Address) St. L. Children's Hosp

*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

DATE OF BURIAL

H. S. Peter & Paul Cem.

3-22 1928

20. UNDERTAKER

ADDRESS

Witt Brothers Co. 2929 Jefferson

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.

