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.

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

Do not use this space.

32197

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9495

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

City St. Louis (No. 5203 So West av St. ..... Ward)

2. FULL NAME LOUIS BERRA

(a) Residence. No. 5203 So. West. Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27 1875

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	7	26	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Joseph Berra

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

12. MAIDEN NAME OF MOTHER Rosa Restelli

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

14. INFORMANT Marie Berra
(Address) 5203 So West av

15. FILED ....., 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23d 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1928, to Sept 23d, 1928 that I last saw h. 1m. alive on Sept 22, 1928, and that death occurred, on the date stated above, at 12.40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) 2 yrs. 4 mos. 2 ds.

CONTRIBUTORY (SECONDARY) .....
(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? Xray

(Signed) W H Steinmann, M. D

9/25, 1928 (Address) 5715 Southwest

*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
St. Peter & Paul Cem.	Sept 26 1928

20. UNDERTAKER	ADDRESS
Paul C. Calcaterra	1921 Cooper St

Paul C. Calcaterra