

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

Do not use this space.

X 37579

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township Marion Primary Registration District No. 3029 Registered No. 395
 City Hannibal (No. St. Elizabeth Hospital 6. Ward)

2. FULL NAME

Joseph Marende
 (a) Residence. No. Blasco, Mo. St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) WIVES OF Santa Marende

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Atlas Cement Co

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

10. NAME OF FATHER James Marende

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

12. MAIDEN NAME OF MOTHER Mary Marende

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

14. INFORMANT Mr. August Idrae (Address) Blasco, Mo.

15. FILED 11/7, 1928 C. E. Stode REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2-1928

17. I HEREBY CERTIFY That I attended deceased from 10/29, 1928, to 11-2-1928 that I last saw him alive on 11-2-1928, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
peritonitis tubercular

2.3 P.M. 33
2.5 (duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) submucosa
tubercular (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
11/1 (Signed) J. J. Bourn, M. D.
1928 (Address) Hannibal, Mo.

*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. Mary Cemetery DATE OF BURIAL 11-5-1928

20. UNDERTAKER James Donnell ADDRESS Hannibal, Mo.

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.

29 328



ST. LOUIS, MO., February 29, 1932
1218 OLIVE STREET

R. CONSOLATO D'ITALIA

No. 649

Pos. C 7

MERENDA GIUSEPPE (Joseph)

State Board of Health,
Bureau of Vital Statistics,
Jefferson City, Mo.

Dear Sir:-

I beg to enclose copy of the death certificate of
Joseph Merenda.

Will it be possible to correct the original of the
death certificate to read "Joseph Merenda" and also his father's
name which appears as James Marenta, to read James (or Vi^{ce}nzo)
Merenda? Also his wife's name should be "Merenda" and not Marenda

Encl. #2

The difference is rather small and due only to mispel-
ling of names but it is rather important to get a certificate
with correct names.

If such corrections can be made, will you kindly do
it, and issue a correct copy of the death certificate for which
I am enclosing fifty cents?

Thanking you in advance,

Very truly yours,


Alberto Alfani

Royal Italian Acting Consul

42
FEB 29 1932

A F F I D A V I T

STATE OF MISSOURI) SS.
CITY OF ST. LOUIS)

Mrs. Santa Cambrea, widow of the late SALVATORE GIUSEPPE MERENDA, being duly sworn, according to law, deposes and says:

That she is the widow of the late SALVATORE GIUSEPPE MERENDA, who died at Ilasco, State of Missouri, November 2nd, 1928. That his certificate of death, through fault of the informant, was issued incorrectly in many instances. That SALVATORE GIUSEPPE MERENDA was born in Cinquefrondi, province of Reggio Calabria, Italy, on December 22nd, 1877: father's name Fortunato Merenda, mother's name Teresa D'Agostino.

Mrs. Santa Merenda, therefore, asks the Missouri State Board of Health in Jefferson City, State of Missouri, to have said certificate corrected in the office of the permanent records of that Bureau and a copy sent to her to be recorded in Italy.

The affiant declares to be illiterate. And further the affiant sayeth not.

Sign of + of Mrs. Santa Merenda

Witness:

Adolfo L. Curi

" Giosue Rosomomo

Sworn and subscribed by the witnesses, before me, a Notary Public, in and for the City and State aforesaid this 1st day of December 1933.

Annelia Merestina

Notary Public

My commission expires July 12, 1935.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....Marion
Township.....Mason
City.....Hannibal

Registration District No. 547
Primary Registration District No. 3029
(No. St Elizabeth Hospital)

File No.
Registered No. 295
St. 6th Ward

2. FULL NAME.....Merenda, Salvatore Giuseppa

(a) Residence, No. Illasco, Mo. St. 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)

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

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-------|--------|------|--|
|--------|-------|--------|------|--|

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Jan 30 1933 C E Cousins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 19 28

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed), M. D.
(Address)

SUPPLEMENTARY

N. B. — Every item of information should be supplied. AGE should be stated EXACTLY as properly classified. Every statement of CAUSE OF DEATH in plain language so the REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE

Hannibal, Missouri

February 1st, 1933

To Whom It May Concern:

I, Agostino Jerace duly swear that I have known Joseph Merema for twenty years and that his correct name should be Salvatore Giuseppa Merenda and that he passed away Nov. 2nd 1928. and burial him at the St Mary Cemetery at Hannibal, Mo.

Agostino Jerace
(Witness)

Ilasco, Mo.
(Ilasco, Mo.)

5-37579

State Of Missouri.

County Of Marion.

The above named Agostino Jerace personally appeared before me a Notary Public this 1st day February 1933 and swore that the above statements are true.

Michael J. O'Donnell
(Notary Public)

My Commission expires May 27th, 1934.