

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

Do not use this space.

10576

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis**

Registration District No. **791**
1003
Primary Registration District No.....
(No. **5320 Daggett**)

File No.....
Registered No. **2576**
St..... Ward)

2. FULL NAME

Gietano Merlo

(a) Residence, No. **5320 Daggett 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 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) WIFE OF Caroline Colombo		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1st, 1885		
7. AGE 44	YEARS 7	MONTHS 12
DAYS 12		IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

10. NAME OF FATHER **Angelo Merlo**

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

12. MAIDEN NAME OF MOTHER **Louisa Oldani**

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

14. INFORMANT (Address) **Caroline Merlo 5320 Daggett**

15. FILED 1st 19 **Mar 15 1930** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar. 13 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan. 14**, 1930, to **Mar. 12**, 1930, that I last saw him alive on **10:30 p.m. Mar. 12**, 1930, and that death occurred, on the date stated above, at **4** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pneumonic Tuberculosis (miliary)
23A
32A (duration) **about 3 mos.**

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? **X-Ray plates of chest, Sputum exam., T.B. smears**
(Signed) **Charles Montani, M. D.**

. 19 (Address) **1926 A Cooper St**

*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 **Mar 15 1930**

20. UNDERTAKER **Paul E Calcaterra** ADDRESS **1921 Cooper St**

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.

2000
16

