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

Do not use this space.

31291

791

1003

1. PLACE OF DEATH

County SEP 13 1934 Registration District No.

Township Primary Registration District No.

City St. Louis (No. 5341 Pattison Ave. St. Ward)

File No.

Registered No. 8597

2. FULL NAME LOUISA MERLO

(a) Residence, No. 5341 Pattison 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) |
|---|---|---|
| Female | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1886

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 48 | 2 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

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) Italy

FATHER

13. NAME Paul Barbaglia

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

MOTHER

15. MAIDEN NAME Angelina Calcaterra

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

17. INFORMANT (ADDRESS) John Merlo 5341 Patteson

18. BURIAL, CREMATION, OR REMOVAL

PLACE S. S. Peter & Paul DATE Aug. 27 1934

19. UNDERTAKER (ADDRESS) Paul Calcaterra 5142 Daggett Ave.

20. FILED AUG 24 1934 J. F. Brideck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Aug 24, 1934

I last saw her alive on Aug 21, 1934 Death is said to have occurred on the date stated above, at 4 a.m.

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

| | Date of onset |
|---|---|
| Valvular Dis. of heart | 1 year |
| 131 | |
| 98 B | |
| 131 | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic interstitial nephritis | 2 yrs |

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? no

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? no

If so, specify

(Signed) J H Simon, M. D.

(Address) 4000 Chouteau Av

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

ra Simon
4004 Christian