

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No. Christian Hosp)

Registration District No. 791
Primary Registration District No. 1003

File No. 10525
Registered No. 3099
St. Ward

2. FULL NAME Paolo Orelli

(a) Residence, No. 2658a Olive St. St. 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/11/1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 4 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
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) Switzerland13. NAME Pasquale Orelli14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland15. MAIDEN NAME Pasquella Ferni16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland17. INFORMANT Attilio Beffa
(ADDRESS) 2658 Olive St.18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cent. DATE 3/22 193719. UNDERTAKER Harrigan & Sheahan Und Co
(ADDRESS) 4416 Washington Blvd.20. FILER J. J. Bredeck
MAR 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18/37 193722. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to March 18, 1937I last saw him alive on March 17, 1937. Death is saidto have occurred on the date stated above, at 2:15AM

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

Carcinoma of Liver
and pyloric gastrectomy
Stomach transposed on liver
Date of onset

Other contributory causes of importance:

Hepatic Tremors
Chronic alcoholism

Name of operation None Date ofWhat test confirmed diagnosis? Phy Exam Was there an autopsy? No23. 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) Herman G. Meyer, M. D.(Address) 508 N Grand

WRITE PLAINLY WITH UNLOADING INK--THIS IS A PERMANENT RECORD

100M-11-3-33

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.

8729
22
22

1970 1 10 PM

Faint, mostly illegible text, possibly a list or report.

Faint, mostly illegible text, possibly a list or report.

DR NORMAN MEYER
JEWISH HOSP 9-10AM

DR. MEYER
JEWISH HOSP
9-10 AM