

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

16665
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 or
 City **St. Louis**
 (c) City.....
 (d) Street No. **4225 McPherson Ave.**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **4225 McPherson Ave.** St. **19**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Brigida Giuseffi Melucci**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 25, 1877**

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|--|
| | 62 | 3 | 9 | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Foreman Brown**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Shoe Co.**
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

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

FATHER
 13. NAME **Antonie Melucci**

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

MOTHER
 15. MAIDEN NAME **Faustina Tretolla**

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

17. INFORMANT (ADDRESS) **Miss Giuseffi
3900 Westminster Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 6, 1929,**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly
3840 Lindell Blvd.**

20. FILED **MAY 5 1930** *J.P. Budoff* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4, 1939** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb - 20th 1939 to May 4th 1939**
 I last saw him alive on **May 4th 1939** Death is said to have occurred on the date stated above, at **10 PM**
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Date of onset **Feb 20, 39**

Other contributory causes of importance:
Secondary Haemorrhage in Ventricles **May 4th 1939**

Name of operation **None** Date of.....
 What test confirmed diagnosis? **Cerebral** 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 **Scott Haver M.D.** M.D.
 (Signed) **Scott Haver M.D.**
 (Address) **634 N Grand Blvd.**

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.