DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27723

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7223

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital (Specify whether

In this community Two months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") LO

(d) Street No. 2922 No. Taylor (If rural, give location)

(e) If foreign born, how long in U. S. A.? 27 yrs. years.

3. (a) PRINT FULL NAME 643 Sam Merlatie

3. (b) If veteran, name war ----

3. (c) Social Security No. 492-01-449

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June 12, 1906 (Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Copaci (City, town, or county) Italy (State or foreign country)

10. Usual occupation Freight checker checking

11. Industry or business Shipments at Dry Goods

FATHER
12. Name Cosimo Merlati
13. Birthplace Copaci (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Francesca Costanzo
15. Birthplace Copaci (City, town, or county) Italy (State or foreign country)

16. (a) Informant's own signature Anna Merlati

(b) Address 2922 No. Taylor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli

(b) Address 1150 No. Kingshighway Bl.

19. (a) AUG 20 1939 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug., day 18th., year 1939 hour 10 minute 45p M.

21. I hereby certify that I attended the deceased from 7-1-39, 19__, to 8-18-39, 19__; that I last saw him alive on 8-18-39, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lung abscess with pulmonary hemorrhage non-tubercular, probably due to bronchiectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations Abscess opened 8/4/39 Hemorrhage

Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature V. W. Hoffer (M. D. or other)

Address Firmin Desloge Hosp Date signed 8/19/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.

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N. B.—Every item of information should be carefully [illegible]. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 27723
Registered No. 7223

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St Louis ..... Primary Registration District No. 1003

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sam (Merlatix) MERLATI

(a) Residence, No. ..... 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)
M	W	M

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. or ....min.
33	2	6	

OCCUPATION

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) .....

FATHER

13. NAME Cosimo (Merlati

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

MOTHER

15. MAIDEN NAME .....

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

17. INFORMANT ..... (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER ..... (ADDRESS) .....

20. FILED 10/2/39, 19.... J. F. Budick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1939

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

I last saw h..... 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) W. W. Hook, M. D.

(Address) Firmin Des Loge Hosp.

SUPPLEMENTARY

1939
S-27923