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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26251

State File No.

FILED AUG 8 1941

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1585

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 7279 Natural Bridge / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Normandy (If outside city or town limits, write "RURAL") 0

(d) Street No. 7279 Natural Bridge (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANDREW G. MERELLO

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male /

5. Color or race White

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

6. (b) Name of husband or wife Rechetta Massa

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb. (Month) 17, (Day) 1885 (Year)

8. AGE: Years 56 Months 5 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Tavern

11. Industry or business Proprietor

FATHER
12. Name Andrew Merello
13. Birthplace (City, town, or county) 3 Italy (State or foreign country)

MOTHER
14. Maiden name Mary Foppiano
15. Birthplace (City, town, or county) 5 Italy (State or foreign country)

16. (a) Informant Eugene Merello

(b) Address 7279 Natural Bridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 30 (Day) 41 (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen - Kelly

(b) Address 7267 Natural Bridge

19. (a) JUL 29 1941 (Date received local registrar) 707 2 R. Meyer MD Dep LC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1941 hour 11 PM minute P M.

21. I hereby certify that I attended the deceased from July 27 41, 1941, to July 27 41, 1941; that I last saw him alive on July 27, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr.
Due to Coronary Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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) no

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? no (e) Means of injury none

23. Signature W E Stachle M D (M. D. or other) 0

Address 7124 Natural Bridge Date signed 7-29-41

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1941

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 Clement McNeal

Licensed Embalmer No. 3732

P. O. Address Ft. Jones

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.