

FILLED NOV 24 1941 **791**

Registration District No. **24 1941**

Primary Registration District No. **1005**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4600 Shenandoah Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days) **Yes**

3. (a) PRINT FULL NAME **Henry (Merlo) Marlo**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Margareta Calcaterra** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **3 7 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	7	19hr.min.

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

10. Usual occupation

11. Industry or business

Laborer

12. Name **John Calcaterra**

13. Birthplace **Italy**
(City, town, or county) (State or foreign country)

14. Maiden name **Adèle Chiodini**

15. Birthplace **Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margareta Marlo**

(b) Address **4600 Shenandoah Ave**

17. (a) **Burial** (b) Date thereof **10.29.41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter's Church**

18. (a) Signature of funeral director **Aug. Calcaterra**

(b) Address **5141 Daggett Ave**

19. (a) **Oct 20 1941** (b) **J. J. & Prudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL.") **12/7**
(d) Street No. **4600 Shenandoah Ave**
(If rural, give location) **8**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28**
year **1941** hour **1** A.M. minute M.

21. I hereby certify that I attended the deceased from **10/25/41**
....., 19..... to....., 19.....
that I last saw him alive on **10/25/41**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage
Chronic Nephritis
Duration **1 day**
unknown

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

(e) Means of injury.....
(Specify type of place)

23. Signature **J. J. & Prudick** (M. D. or Registrar's signature)

Address **2608 S Kingshighway** Date signed **10/27/41**

TO THE
DEPARTMENT OF HEALTH
AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL RECORDS
STATE OF NEW YORK

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AND HUMAN SERVICES
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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..... *Sam C. Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggett*

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, fact should be so stated above.