

No. 2
-12-45
5-17-39
I X47070

FILED DEC 6 1947

318

Primary Registration District No.

1003

State File No.

Registrar's No.

10782

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1434 Gregg Ave 1
(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

3. (a) PRINT FULL NAME JOHANNA MERLOTTI
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex female 5. Color of face white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Succiano Merlotte 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 22 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Heimer Ill
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Frank Belossi 5

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

14. Maiden name Rosen Sisoni
(City, town, or county) (State or foreign country)

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

16. (a) Informant Frank Merlotte

(b) Address 1434 Gregg Ave

17. (a) burial (b) Date of death Nov 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Samuel Calatrava

(b) Address 5142 Daggitt Ave

19. (a) NOV 24 1947 (b) J. P. Brade
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County stl
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1434 Gregg Ave 1
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1947 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 20 1946 to Nov 23 1947
and that death occurred on the date and hour stated above.
that I last saw her alive on Nov 21 1947

Immediate cause of death Carcinoma of the Colon Duration 14 mo.

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 _____

While at work? _____

23. Signature O. J. Williamson (M. D. or other) _____

Address 6336 Clayton Road Date signed 11/24/47

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

APR 18 1949

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

Samuel Calaterra

Licensed Embalmer No.

2376

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, fact should be so stated above.