0.300
0.48

FILED MAR 18 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12006

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2296

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5533 Botanical Avenue.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2139
d. STREET ADDRESS (If rural, give location): 5533 Botanical Avenue., 13 0

3. NAME OF DECEASED (Type or Print)
a. (First): Angelo
b. (Middle): ~~Mer~~ Merlo
c. (Last): ~~Mero~~

4. DATE OF DEATH (Month) (Day) (Year): Feb 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 9, 1889
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Italy 5
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: John ~~Merl~~ Merlo
13b. MOTHER'S MAIDEN NAME: Maria Seratoni
14. NAME OF HUSBAND OR WIFE: Josephine ~~Mero~~ Merlo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: 489-22-4425A
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Josephine ~~Mero~~ Merlo, 5533 Botanical Ave.,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral regurgitation — 11 yrs.
DUE TO (c) Rheumatic heart? — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Partial hemiplegia — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

410X

22. *I hereby certify that I attended the deceased from* _____ 1943, *to* 2/26, 1953 *that I last saw the deceased alive on* 2/26, 1953, *and that death occurred at* 9 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. A. Milliken (Degree or Title) MD
23b. ADDRESS: 2608 S. Kingshighway
23c. DATE SIGNED: 2/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-2-53
24c. NAME OF CEMETERY OR CREMATORY: SS Peter and Paul Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri.

DATE REC'D BY LOCAL REG.: FEB 28 1953
REGISTRAR'S SIGNATURE: F. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul C. Calcaterra, 5140 Daggett Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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, on~~ by Me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis M

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

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 12006
Local Registrar's No. 2296

On this ..... day of ....., 194....., before me appears .....
Paul C. Calcaterra, who, upon his oath, states that the original record of ~~birth~~ death
for Angelo Merlo, ~~born~~ died Feb. 26, 1953, 19....., in the State of
Missouri, and which was filed at St. Louis on 2-28-, 19 53, should be corrected as follows:

Item No. 3 should read Angelo Merlo
Instead of Angelo Mero

Item No. 13a should read John Merlo
Instead of John Mero

Item No. 14 should read Josephine Merlo
Instead of Josephine Mero

Item No. 17 should read Josephine Merlo
Instead of Josephine Mero

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Paul C. Calcaterra Fun. Director
Relationship.

Family

5140 Dagget
Present Address.

Subscribed and sworn to before me this 3 day of July, 1953

My Commission expires 3-4-57 Earl C. Pabdock Notary Public.