

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

Do not use this space.

23054

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo* (No. ....)

File No. ....  
Registered No. **6757**  
St. .... Ward)

**2. FULL NAME** *Mario Gerli*

(a) Residence. No. *2029 Schaefer Pl.* **4** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *4* yrs. *4* mos. *4* ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

*Female*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 15 - 1906*

7. AGE

*20*

YEARS

MONTHS

*8*

DAYS

*7*

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*waiter*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo*

(STATE OR COUNTRY)

10. NAME OF FATHER *Giovanni Phillip Gerli*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Italy*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Celesta Bernotti*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Italy*

(STATE OR COUNTRY)

14.

INFORMANT *Celesta Gerli*

(Address) *2029 Schaefer Pl.*

15.

FILED *Max C. Barkoff* REGISTER

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 22 1927*

I HEREBY CERTIFY, That I attended deceased from *July 22 1927* to *July 23 1927* that I last saw him *alive on July 21 1927* and that death occurred, on the date stated above, at *10:30 P.M.*

THE CAUSE OF DEATH,\* WAS AS FOLLOWS:

*Pulmonary tuberculosis*

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? *No* DATE OF .....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St Peter & Paul Cem* DATE OF BURIAL *July 26 1927*

20. UNDERTAKER *Paul C. Calcesters* ADDRESS *1921 Cooper St*

WHAT TEST CONFIRMED DIAGNOSIS *Autopsy of 2/2/27*

(Signed) *Dolon Campbell* M.D.

(Address) *Metropolitan Bldg.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*St Peter & Paul Cem* *July 26 1927*

20. UNDERTAKER

ADDRESS

*Paul C. Calcesters* *1921 Cooper St*

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.

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