JAN 19 1937

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

Do not use this space. 42428a

1. PLACE OF DEATH
County St. Louis
Township Normandy CENTRAL
City Pine Lawn, Mo. (No. 3718 Jennings rd. St. Ward)
Registration District No. 789
Primary Registration District No. 6033
File No.
Registered No. 329

2. FULL NAME Steve Colletti
(a) Residence, No. 5479 Jennings rd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 21st-1874

7. AGE: YEARS 62 | MONTHS 3 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Owner of cafe
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

FATHER
13. NAME: Joseph Colletti
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Irene Colletti 5479 Jennings rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 11/18/36, 19

19. UNDERTAKER (ADDRESS): Jos. W. Clark 1125 Hodiamont

20. FILED 11-16-1936 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/16/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 1936, to Nov. 16th, 1936
I last saw him alive on Nov. 16th, 1936. Death is said to have occurred on the date stated above, at 1:30 A m.
The principal cause of death and related causes of importance were as follows:
Strangulated gangrenous rt. inguinal hernia; strangulated period of 2 weeks from history. (Date of onset)

Other contributory causes of importance:
Surgically relieved strangulation but due to prolonged strangulation and extreme toxemia with chr. myocarditis and final peritonitis,
Name of operation over Date of
What test confirmed diagnosis? clin. & lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 11/16/36
If so, specify
(Signed) Luta B. Turner M.D., M. D.
(Address) 3718 Jennings Rd.
11/16/36

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.

was immediate cause of his demise.