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

Do not use this space.

19742

File No. .....

Registered No. 5454

1. PLACE OF DEATH

County .....

Township .....

City ..... (No. 5061 Vernon St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Joseph Quarteros

(a) Residence. No. 5061 Vernon St., 12 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: Margarette Quarteros

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25, 1853

7. AGE: Years 73 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Chef (retired)
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): L. A.

PARENTS

10. NAME OF FATHER: Not Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Texas

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Know

14. INFORMANT: Grace Quarteros
(Address) 5061 Vernon

15. FILED JUN 13 1927, 19..... Max C. Starkcoff, Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 12 1927

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1927, to June 12, 1927, that I last saw him alive on June 11, 1927, and that death occurred, on the date stated above, at 5 45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
97 Chronic cystitis
1853

about (duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Theo W. Conzelman, M. D

June 12, 1927 (Address) 5043 Vernon Av

*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: Memorial Park Cem

DATE OF BURIAL: June 14 1927

20. UNDERTAKER: Philander Craig King Highway

ADDRESS: 1238 N

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD