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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18479

State File No. _____

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 141

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST Elizabeth Hospital 0
(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 Joseph B. Quattrocchi

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased July 31 1888
(Month) (Day) (Year)

8. AGE: Years 54 53 Months 9 Days 10 9 If less than one day _____ hr. _____ min.

9. Birthplace Collinsville ILL /
(City, town, or county) (State or foreign country)

10. Usual occupation Taxi

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Quattrocchi

13. Birthplace _____ Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Fusco

15. Birthplace _____ Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Lio Quattrocchi

(b) Address 812 Birch St Hannibal

17. (a) Burial (b) Date thereof May 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST Marys Cem.

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal, Mo

19. (a) 5-20-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: UH

(a) State Missouri (b) County Marion 2

(c) City or town Hannibal 4
(If outside city or town limits, write "RURAL")

(d) Street No. 812 Birch
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1942 hour _____ minute 2:25 PM.

21. I hereby certify that I attended the deceased from 1936, 19____, to May 10, 1942
that I last saw him alive on May 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 938

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Reulman (M. D. or other) _____

Address 1120 1/2 Birch Hannibal Mo Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *Michael P. Saunders*

Licensed Embalmer No. *3246*

P. O. Address *Hannover Mo*

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.