7. S. No. 2
0M—5-42
. 5-17-39
P I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18748

State File No.

Registration District No. 290 | Primary Registration District No. 5983 | Registrar's No. (25) 68

1. PLACE OF DEATH:
(a) County: Pulaski
(b) City or town: Ft. Leonard Wood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital Gullion Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 2 months 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Massachusetts (b) County: Worcester 9
(c) City or town: Leominster
(If outside city or town limits, write "RURAL")
(d) Street No.: 48 Walker St. 19
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: PASQUALE ROCCA (Pvt)

3. (b) If veteran, name war: - - -

3. (c) Social Security No.: - - -

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: November (Month) 19 (Day) 1924 (Year)

8. AGE: Years 18 | Months 6 | Days 6 | If less than one day: hr. min.

9. Birthplace: Leominster (City, town, or county) Massachusetts (State or foreign country)

10. Usual occupation: Soldier-U.S.Army-31261454

11. Industry or business: Hq Co 3rd Bn 291st Inf.

FATHER
12. Name: Pasquale Rocca, Sr.
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: U. S. Army Records
(b) Address: Fort Leonard Wood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Fitchburg Mass

18. (a) Signature of funeral director: Null & Son Funeral Home
(b) Address: 508 West 8th St., Rolla Mo.

19. (a) May 26 1943 (Date received local registrar) (b) Robert A. Murray ROBERT A. MURRAY, Major M. C. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Rheumatic fever, (2) Endocarditis, acute and subacute, leaflets of mitral and aortic valves (3) Pneumonitis, acute, miliary, cause unknown.

Duration

Due to:

Other conditions (Include pregnancy within 3 months of death): 540

Major findings:
Of operations:
Of autopsy: As above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature: Otto Kanik D (M. D. or other)
Address: Fort Leonard Wood Date signed 5-26-43

May 29 - 1943 Chas M. [illegible] Reg

(Use Reverse Side for Embalmer's Statement on Reverse Side)

NOV 9 1945

AUG 18 1943

RECEIVED
Pulaski County Health Officer
File Number 6-43-62
Date Filed 6-4-43

MAY 17 1944

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 S. C. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla 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.