

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19501**

FILED JUL 3 1943 18

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **5234**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 hours.**
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2011 Mullanphy St.**
(If rural, give location)

(e) Citizen of foreign country? **yes** (Yes or No)
If yes, name country **Italy**

3. (a) PRINT FULL NAME **Matteo Cracchiolo also known as Varese.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Giroloma Varese** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **June 21, 1884**
(Month) (Day) (Year)

8. AGE:	-Years	Months	Days	If less than one day
	58	11	29	_____hr. _____min.

9. Birthplace **Italy** (City, town, or county) (State or foreign country) **5**

10. Usual occupation **Cigar Maker**

11. Industry or business **Retired**

12. Name **Ciacomo Cracchiolo Varese**

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

14. Maiden name **Unknown.**

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

16. (a) Informant **Jack Varese**
(b) Address **3449a Texas Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 24, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Benedict Niebauer**

(b) Address **1431 Union Blvd.**

19. (a) **JUN 23 1943** (Date received local registrar) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1943** hour **10** minute **30 p.** M.

21. I hereby certify that I attended the deceased from **June 14, 1943** to **June 20, 1943**
that I last saw him alive on **June 20, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **2 days**

Due to _____
Due to _____

Other conditions **Hypertension**
(Include pregnancy within 6 months of death)

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. F. Brueck** (M. D. or other) _____

Address **605 N. Howard** Date signed **6-22-43**

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

MOTHER FATHER

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

Frank H. McKean

Licensed Embalmer No.....

2715

P. O. Address.....

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.