V. S. No. 2
0M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22190

State File No.

FILED JUN 17 1943

Registration District No.

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike

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

(c) Name of hospital or institution: 522 South Carolina St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: — In this community: Fifty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike

(c) City or town: Louisiana (If outside city or town limits, write "RURAL")

(d) Street No.: 522 South Carolina St (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country: —

3. (a) PRINT FULL NAME: Joseph V. 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: Lena Quattrocchi

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Aug. (Month) 15 (Day) 1868 (Year)

8. AGE: Years 74 Months 8 Days 28 If less than one day: hr. min.

9. Birthplace: Palermo (City, town, or county) Italy (State or foreign country)

10. Usual occupation: Retired Merchant

11. Industry or business: Fruit & Produce

FATHER 12. Name: Joseph Quattrocchi

FATHER 13. Birthplace: — (City, town, or county) Italy (State or foreign country)

MOTHER 14. Maiden name: Lena Carusa

MOTHER 15. Birthplace: — (City, town, or county) Italy (State or foreign country)

16. (a) Informant: Joseph Quattrocchi Jr.

(b) Address: Louisiana Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 15 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Louisiana Mo.

18. (a) Signature of funeral director: Werner & Stone

(b) Address: Louisiana Mo.

19. (a) 5/14/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 13 year: 1943 hour: 5:00 minute: A.M.

21. I hereby certify that I attended the deceased from March 29 1943 to May 13 1943 that I last saw him alive on 5/12/43 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	1 wk
Due to: Chronic Interstitial Nephritis	3 mo.
Due to: Chr. Hypertrophied Prostate	?
Due to: Senility	?
Other conditions: Senile Dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 131a
Of autopsy:

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: Robert L. Andrews M.D. (M. D. or other)

Address: 216 George St. Louisiana, Mo. Date signed: 5/14/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1110
Date Filed JUN 14 1943

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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.