S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 678

Registrar's No. 169

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1811½ Elliot AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (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. 1811½ Elliot Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Giovanni Quagliata

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 Agostina

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October (Month) 20 (Day) 1878 (Year)

8. AGE: Years 66 Months 2 Days 14 If less than one day hr. min.

19. Birthplace Catina Nuova (City, town, or county) Italy (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Mario Quagliata
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Maria Cristina Barcellona
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Agostina Quagliata
(b) Address 1811½ Elliot Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicola-Sons
(b) Address 1150 N. Kingshighway Blvd

19. (a) JAN 8 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1945 hour 11:00 minute 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 Hemorrhage of Brain due to gunshot wound in Head; Whether accidental or Suicidal could not be determined.

Due to OPEN VERDICT

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Patrick E. Taylor (M. D. or other)

Address Dep. Cor Date signed 1/8/45

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.