

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22517**
Registrar's No. **5112**

FILED JUN 27 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 4200 Maffitt Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		c. (Last) Quartararo	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) June 3, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30, 1891
9. AGE (In years last birthday) 61		10. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pastry Cook		10b. KIND OF BUSINESS OR INDUSTRY Sherton Hotel	
11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Carlo Quartararo		13b. MOTHER'S MAIDEN NAME Anna Titone	
14. NAME OF HUSBAND OR WIFE Mary Quartararo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mary Quartararo		ADDRESS 4200 Maffitt Av.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, arteriosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3.6 hrs			
19a. DATE OF OPERATION 6-2-52		19b. MAJOR FINDINGS OF OPERATION Right Renal Stone - Multiple cysts on Kidney	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-10-52 , 19 52 , to date , 19 52 , that I last saw the deceased alive on 6-2-52 , 19 52 , and that death occurred at 10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Wesley C. Leidner		23b. ADDRESS 609 Humboldt Rd	
23c. DATE SIGNED June 4 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7, 1952	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUN 4 1952		25. FUNERAL DIRECTOR'S SIGNATURE Wesley C. Leidner	
REGISTRAR'S SIGNATURE Wesley C. Leidner		ADDRESS Und. Co. 2223 St. Louis Av.	

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

Myocardial infarction, infarction a cause

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. W. Rueten

Licensed Embalmer No. 4865

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.