

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 146

FILED JUN 22 1943

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 605 Sycamore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 605 Sycamore St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John C. Quattrocchi

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour _____ minute 70 M.

21. I hereby certify that I attended the deceased from Apr 15 1943 to May 13 1943
that I last saw him in alive on May 10 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thelma 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 4th 1899
(Month) (Day) (Year)

Immediate cause of death T.P.P. Lung 5 Duration _____

8. AGE: Years 43 Months 7 Days 9 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Hannibal MO
(City, town, or county) (State or foreign country)

10. Usual occupation Sale Man

11. Industry or business _____

12. Name Frank Quattrocchi

13. Birthplace Fla 14 5
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Depmargo

15. Birthplace Fla 14 5
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Quattrocchi
(b) Address 605 Sycamore Hannibal MO

17. (a) Burial (b) Date thereof May 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem.

18. (a) Signature of funeral director James O'Connor

(b) Address Hannibal MO

19. (a) 5-24-43 (b) P.W. Connor
(Date received local registrar) (Registrar's signature)

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 Thelma Quattrocchi (M. D. or other) _____
Address Hannibal MO Date signed 5-25-43

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

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

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.....

Licensed Embalmer No.....

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.