MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6913

File No.
Registered No. 2001

1. PLACE OF DEATH

County
Township
City St. Louis (No. St. Anthony's Hosp. St. Ward)

Registration District No. 7801
Primary Registration District No. 1002

2. FULL NAME Edith L. Quick

(a) Residence, No. 3626 Lisman St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Quick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 1882

7. AGE: Years 49 | Months 5 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER

13. NAME Nicholas Moos
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 21

MOTHER

15. MAIDEN NAME Margaret Lotz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT John Moos
(ADDRESS) 3626 Lisman Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 3-2 1932

19. UNDERTAKER Witt Bro. F. & M. Co.
(ADDRESS) 5628 S. Jefferson St.

20. FILED 1932 Mar 3 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-19-1932, to 2-28-1932, 1932.
I last saw her alive on 2-28, 1932. Death is said to have occurred on the date stated above, at 9 5x m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, - acute lobar, - bilateral.	
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Other contributory causes of importance

1

Name of operation no Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. E. Sherwin, M. D.
(Address) 3720 Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD