WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 12 1936

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

791

1003

Do not use this space.

8180

File No.

Registered No. 1859

1. PLACE OF DEATH

County

Township

City St Louis (No. 2134, Alice Ave St., Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Cecelia H. Quante

(a) Residence, No. 2134 Alice Ave St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillip Quante

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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

FATHER

13. NAME Anthony Kuper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

MOTHER

15. MAIDEN NAME Cath. Sauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

17. INFORMANT H. Quante (ADDRESS) 2134 Alice Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE Feb 20 1936

19. UNDERTAKER Bremerburg Undt Co (ADDRESS) 4740 St. Florissant Ave

20. FILED FEB 19 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1936, to 2/17, 1936

I last saw h. alive on 2/17, 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	

Other contributory causes of importance:

Senility

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul H. Chapman, M. D.

(Address) 3518 Dodier

3475