

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

Do not use this space.

SEP 10 1937

28888

1. PLACE OF DEATH

County 2 Registration District No. 791
Township 1 Primary Registration District No. 1003
City St. Louis (No. 2726 , Howard St. 20 Ward 7521)

2. FULL NAME Irene C. Quest

(a) Residence, No. 2726 Howard St., 20 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1937

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

22. I HEREBY CERTIFY, That I attended deceased from August 1937, to Aug 7, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 / 26 / 05

I last saw her alive on Aug 7, 1937. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
32 6 11

to have occurred on the date stated above, at 12:45 a. m.
The principal cause of death and related causes of importance were as follows:

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

Pleuritis with effusions and emphysema
no pneumonia
caused by heavy cold
Date of onset July 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Other contributory causes of importance, NO

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

13. NAME Fredrick Quest

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? NO

15. MAIDEN NAME Annie Lahmann

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. NO

17. INFORMANT Mrs. Annie Quest
(ADDRESS) 2726 Howard St., St. Louis

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Vahhalla DATE 8/9/37

Nature of injury _____

19. UNDERTAKER Crowell Undertaking Co.
(ADDRESS) 5710 N. Grand St. St. Louis

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

20. FILED AUG 9 1937
J. Bredeck Registrar.

If so, specify Dr. Wilson (Signed) _____, M. D.

(Address) 4365 Wame ave

WRITE PLAINLY WITH UNFADING INK

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.

1 X3314

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000