

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.

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

Do not use this space.

OCT 14 1937

1. PLACE OF DEATH

County.....

Township.....

City St. Louis, Mo. (No.....)

Registration District No.....

Primary Registration District No.....

City Sanitarium

File No.....

Registered No.....

St. 9150 Ward.....

2. FULL NAME

Laura Quentin

(a) Residence, No. 6704 Minnesota Ave. St. 1 Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

1-15-1878

7. AGE

YEARS

59

MONTHS

8

DAYS

6

If LESS than 1 day, ... hrs. or min.

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

Nil

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

Nil

10. Date deceased last worked at this occupation (month and year)

Nil

11. Total time (years) spent in this occupation

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

St. Louis
Missouri

13. NAME

Unknown

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

Unknown
Germany

15. MAIDEN NAME

Unknown

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

Unknown
Germany

17. INFORMANT (ADDRESS)

William T. Gutter, M. A.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U. DATE 9-24 1937

19. UNDERTAKER (ADDRESS)

W. Richter
3500 Rutger St

20. FUNERAL

SEP 29 1937
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1927, 19, to 9-22-37, 19

I last saw her alive on 9-22-37, 19. Death is said to have occurred on the date stated above, at 11:20 A.M.

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

Mixed type of Psychosis
Dementia Praecox and
Manic Depressive Insanity
with incessant activity.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify.....

(Signed) William T. Gutter, M. D.

(Address) 5400 Arsenal St

