

REC'D MAY 10 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH 1003

12845

Do not use this space.

Registered No. 3449

## 1. PLACE OF DEATH

- (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. 4555 Holly Ave. ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilbert Quest 230

- (a) Residence, No. 4555 Holly Ave. St. 9 ..... (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
27 1 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman  
 9. Industry or business in which work was done, as saw mill, bank, etc. Nursery Dept. State Highway Dept  
 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 Mo13. NAME Edwin H Quest14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo15. MAIDEN NAME Wilhelmina Krenning16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County Mo17. INFORMANT (ADDRESS) Edwin H. Quest  
4555 Holly Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack Mo DATE April 13, 193819. FUNERAL DIRECTOR (ADDRESS) Beiderwieden Funeral Home, Inc  
1936 St Louis Ave20. FILED APR 13 1938 J. D. Bueck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 193822. I HEREBY CERTIFY that I attended deceased from April 25, 1938, to April 10, 1938I last saw him alive on April 10 at 4:40 P M. Death is said to have occurred on the date stated above, at ..... m.

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

Broncho pneumonia (terminal) Date of onset 4/8/38

Other contributory causes of importance:

Chronic Myocarditis  
Chronic endocarditis (mitral regurgitation)Name of operation none Date of ..... m.What test confirmed diagnosis? ..... Was there an autopsy? NO23. 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) W. P. Krenning, M. D.(Address) 4548 Harris Ave

STATEMENT BY LICENSED EMBALMER

I, Frederic J. Krupin, Licensed Embalmer No. 3497

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Frederic J. Krupin  
Licensed Embalmer No. 3497

**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.)**