

1939 AUG 12 1939

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

25667
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 315
(b) Township Springfield Primary Registration District No. 5440 Registered No. 597
(c) City SPRINGFIELD (d) Street No. MEDICAL CENTER FOR FEDERAL PRISONERS 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. 4 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME QUADE, Harry J.

(a) Residence, No. St. Peoria, Illinois
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF UNKNOWN Helen Quade
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18, 1896
7. AGE YEARS 43 MONTHS 3 DAYS 12 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Danville /
(STATE OR COUNTRY) Illinois

FATHER 13. NAME August Quade /
14. BIRTHPLACE (CITY OR TOWN) Germany /
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Marie Bettman
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Deceased
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hanville Mo. DATE Aug 1 1939

19. FUNERAL DIRECTOR (NAME) A. Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.

20. FILED Aug 1 1939 Chris George Local Registrar. 296

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1939

22. I HEREBY CERTIFY, That I attended deceased from March 11 1939 to July 30 1939

I last saw him alive on July 30 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cholecystitis Date of onset Unknown
Sub-diaphragmatic abscess
(contributing cause)

Other contributory causes of importance: Sub-diaphragmatic abscess 1 Mo.

Name of operation Cholecystectomy Date of 4-15-39
What test confirmed diagnosis? Clin-Lab Was there an autopsy? Yes

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 Surgeon

(Signed) E. W. Green, P.A. Surgeon / M. D.
Clinical Director, MCFP,
Springfield, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.

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