

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8718
Registrar's No. 2201

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution:
4246 DeSoto Avenue ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Since Birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
0 (d) Street No. 4246 DeSoto Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME ELIZABETH QUITZOW
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2
year 1940 hour 8: minute 45 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 27 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 13th 1940, to March 2, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 7 4 hr. min.

Immediate cause of death Cerebral apoplexy Duration 3 days
Due to Arteriosclerosis

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to Arteriosclerotic heart disease
chronic interstitial nephritis
Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings: Of operations None
Of autopsy not made
PHYSICIAN
Underline the cause to which death should be charged statistically

11. Industry or business
MOTHER FATHER { 12. Name William F. Quitzow
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lillie Felden
(City, town, or county) (State or foreign country)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant's own signature Miss Edith Quitzow
(b) Address 4246 DeSoto Avenue

While at work? (Specify type of place) (e) Means of injury.....

17. (a) Burial (b) Date thereof 3/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

23. Signature Frank W. [illegible] (M. D. or other).....
Address 3500 W. Grand Date signed 3-2-40

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) MAR 5 1940 (b) J. F. [illegible]
(Date received local registrar) (Signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

001-5-17-39
Rev. 5-17-39
1 X1951

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.