

FILED APR 17 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2072

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4001 a Greer Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLGA LOUISE QUAY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (e) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ernest E. Quay 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December 22 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 3 17 hr. _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name August Heiden

13. Birthplace IOWA
(City, town, or county) (State or foreign country)

14. Maiden name Marie Lendt

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Quay

(b) Address 4001 a Greer Ave

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director A. J. Iron, R. U. Co.

(b) Address 27-7 N. Grand Bldg

19. (a) APR 6 1942 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1942 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from 3-28-42 19 to 4-5-42 19

and that death occurred on the date and hour stated above. I last saw her alive on 4-5-42 19

Immediate cause of death _____ Duration 3

Generalized peritonitis

Due to Ruptured appendix

Due to 12/1/1

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____

Of operations Generalized peritonitis
and Ruptured appendix

Of autopsy _____ Underline the cause to which death should be charged statistically.

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?

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

23. Signature Heiden (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Paul H. Hollenberg
Licensed Embalmer No. 2631
P. O. Address 2707 N. Howard St.

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, fact should be so stated above.