

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23033  
6274

State File No.

Registrar's No.

file AUG 6 1942

Registration District No. 791

Primary Registration District No. 1003

22  
00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(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. 3117 Cherokee St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
No Attending Physician

3. (a) PRINT FULL NAME Lee Quillian  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23  
year 1942 hour 6 minute 0 A.M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie Quillian  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased June 2, 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
62 1 21 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

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

Due to Coronary Sclerosis  
Arterio Sclerosis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lee Quillian  
13. Birthplace England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace England 4  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minnie Quillian  
(b) Address 3117 Cherokee St.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof July 25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Brothers  
(b) Address 2201 S. Grand Blvd.

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 3  
22. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Date signed 7/23/42

19. (a) PPDP 24 1942  
(Date received local registrar) (Registrar's signature)

**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

*Wang A. Stewart*

Licensed Embalmer No. **3722**

P.O. Address... **412 Duchouquette 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.**