

FILED OCT 21 1942
Registration District No. 318

Primary Registration District No. 1003

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:
4462 Oakland Ave. /
(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)

3. (a) PRINT FULL NAME Fred L. Quade

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White

6. (a) Single, widowed, married, divorced. Widower

6. (b) Name of husband or wife. Late Frieda Quade

6. (c) Age of husband or wife if alive. 16th 1868
(Day) (Year)

7. Birth date of deceased. March 16th 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>24</u>hr.min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired Baker

11. Industry or business.....

MOTHER FATHER { 12. Name Heinrich Quade

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. Engelhardt

(b) Address 4462 Oakland Ave.

17. (a) Entombment Oak Grove Mausoleum
(Burial, cremation, or removal)

(b) Date thereof 10-13-42
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 051 14 1942
(Date received local registrar)

(b) J. F. Bredesch
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. 12

(c) City or town. St. Louis 918
(If outside city or town limits, write "RURAL")

(d) Street No. 4462 Oakland Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th
year 1942 hour 4:25 minute A.M. M.

21. I hereby certify that I attended the deceased from March 15, 1939 to Oct 10, 1942
that I last saw him alive on Oct. 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral hemorrhage 3 1/2 yrs.

Due to general arteriosclerosis yrs.

Due to gout

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

gout

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
.....
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?.....

23. Signature Arthur S. Dunlop (M. D. or other) M.D.
Address Y. O. University St. Date signed 10/14/42

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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 *Edwin W. McDermott*

Licensed Embalmer No. *3024*

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, fact should be so stated above.