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M—9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8697

MAR 20 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2312

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3705 Connecticut St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Glendora E. Quest

3. (b) If veteran, name war --

X (c) Social Security No. 497-10-8068

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August (Month) 9, (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	7	0	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Frederick Quest
13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Lahmann
15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Quest
(b) Address 3705 Connecticut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 11 (Day) 43 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker-Heldrele Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) MAR 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2/10/43, to 3-9, 1943.
that I last saw him alive on 8/9/43, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis

Due to Carcinoma of both breasts

Due to

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 1 year. operation 11 years ago.

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?
(Specify type of place)

While at work? (f) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 3115 So. Grand Date signed 8/9/43.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.