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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 14 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1819

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DOA St. Louis County 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 Mo (b) County St. Louis ⁹⁶

(c) City or town Overland
(If outside city or town limits, write "RURAL") ¹

(d) Street No. 3330 Woodson Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James C. 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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec 6 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>7</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Richmond Heights, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Ernst A Quade

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

14. Maiden name Clemetine Hecht

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

16. (a) Informant Ernst Quade

(b) Address 3330 Woodson Rd. Overland,

17. (a) Burial (b) Date thereof 8-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park,

18. (a) Signature of funeral director Bauman Bros. Inc.

(b) Address Overland, Mo.

19. (a) AUG 8 1943 (b) C. J. Mc Jarry, M.D.
(Date of local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1943 hour _____ minute _____ M.

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.

Immediate cause of death Drowning, Duration

Due to Accidentally falling into swimming pool

Due to _____

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

Major findings:
Of operations _____

Of autopsy No

183-3
36

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) Accident ⁰⁹⁶

(b) Date of occurrence Aug 4th, 1943

(c) Where did injury occur? 3330 Woodson Rd
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature Louis H. B. [unclear] Coroner (M.D. or other)

Address Kirkwood, 8-5-43 Date signed _____

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

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 W. G. Peterson.....

Licensed Embalmer No. #3767.....

P. O. Address Overland 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.