S. No. 2
0M—2-43
5-11-39
1, X35607

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26984

FILED AUG 23 1943

State File No. 7360

Registration District No. 318

Primary Registration District No. 100

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Missouri Baptist Hosp. 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 46

(a) State Missouri (b) County 0

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

(d) Street No. RR 8 Box 574 Le May Mo. N.R.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Edward R. Quense

3. (b) If veteran, name war

3. (c) Social Security No. 497-09-0962

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug. 3rd, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	10	hr. min.

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

10. Usual occupation Guard

11. Industry or business Monsanto Chemical Co.

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

MOTHER
14. Maiden name ----- Bailey
15. Birthplace Not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Rose Quense
(b) Address Le May Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director John L. Ziegenheim & Sons
(b) Address 7027 Gravois Ave.

19. (a) AUG 18 1943 (Date received and registered) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from July 31, 1943, to Aug-13, 1943; that I last saw him alive on Aug 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	6 days
Gangrene Rt foot	4 "
Due to Intestinal Obstruction	8 "
Gneral Arteriosclerosis	2
Due to	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal Adhesions Severe

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Cleveland H. Shell (M. D. or other) MD

Address 508 N. Grand Date signed 8/14/43

84 4

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.