

OCT 27 1943

Registration District No.

318

Primary Registration District No.

1003

9259

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis,
(c) Name of hospital or institution:
3452 Potomac St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Life (Specify whether
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..... 3452 Potomac St.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Martha Johanningmeier-Quest

3. (b) If veteran, name war..... -- 3. (c) Social Security No..... None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Benjamin H. Quest 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased..... February 28, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>7</u>	<u>21</u>	hr. min.

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

10. Usual occupation..... Home

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Benjamin H. Quest

(b) Address..... 3452 Potomac St.

17. (a) Burial (b) Date thereof..... 10 22 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Frieden's Cemetery

18. (a) Signature of funeral director..... Shackel & Hildebrand
(b) Address..... 3634 Gravois Avenue

19. (a) OCT 21 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1943 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from before
that I last saw her alive on Oct. 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of thyroid gland Duration 3 mo.

Due to.....
Due to..... 55
Other conditions.....
(Include pregnancy within 3 months of death)

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. (a) Shackel & Hildebrand (b) Shackel & Hildebrand
Where at work? (c) Means of injury.....
(M. D. or other)
Address 2924 S. Grand Date signed 10/20/43

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

MOTHER FATHER

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 *Frank J. Delaney*.....

Licensed Embalmer No. *2615*.....

P. O. Address *St. Louis*.....

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.