

Registration District No. 1818 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospt.
(d) Length of stay: In hospital or institution 3 1/2 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County St. Louis
(c) City or town Maplewood
(d) Street No. 7275 Manchester
(e) Citizen of foreign country? NO.
If yes, name country

3. (a) PRINT FULL NAME Infant Patrick Walter Quick
3. (b) If veteran, name war. No. 3. (c) Social Security No.
4. Sex M 5. Color or Race W.
6. (a) Single, widowed, married, divorced.
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 26th. 1944

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 1 year 1944 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from Feb. 25, 1944, to Mar. 1, 1944, that I last saw him alive on Feb. 29, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
3 1/2 days hr. min.

Immediate cause of death: Cranial cerebral injury
Due to delivery
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace St. Louis MO.
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Clyde Quick
13. Birthplace Richmond Heights MO.
14. Maiden name Anna Mc Fall
15. Birthplace Peoria Ill

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Clyde Quick
(b) Address 7275 Manchester, Maplewood Mo.
17. (a) Burial (b) Date thereof 3/2/44
(c) Place: burial or cremation Oak Hill Cem.

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

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood Mo.
19. (a) MAR 1 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature Joseph Heneberg (M. D. or other)
Address 1600 St. Louis Date signed Mar. 1/44

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

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Dr. Maguer

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 3454

..... Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

7456 Manchester

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.