

FILED JUL 23 1945

Registration District No. 379

Primary Registration District No. 3262

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 46 York Woods
(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 Missouri (b) County St. Louis 96
(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
(d) Street No. 46 York Woods 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Francis Quest

3. (b) If veteran, name war No. 3. (c) Social Security No. 012-09-7482

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

6. (b) Name of husband or wife Anna T. Hogan Quest 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 30, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Troy, N. Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Home Office Inspector

11. Industry or business John Hancock Mutual Life Ins.

12. Name James E. Quest,

13. Birthplace Troy, N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name Esther Keegan

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

16. (a) Informant Anna T. Quest,

(b) Address 46 York Woods

17. (a) Burial (b) Date thereof 7/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. Sts. Peter & Paul

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) 7-16-45 (b) E.S. de Barran MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1945 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from 5/20/45 19 to 7/11/45 19;
that I last saw him alive on 7/11/45 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 hr.

Due to Coronary Thrombosis

Due to Coronary Heart Disease ?

Other conditions 94a
(Include pregnancy within 3 months of death)

Co. CO. Major findings: Of operations no operation

Of autopsy no autopsy

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 A. J. Kotkus (M. D. noted)

Address 462 N. Taylor Ave. 8 Date signed 7/12/45

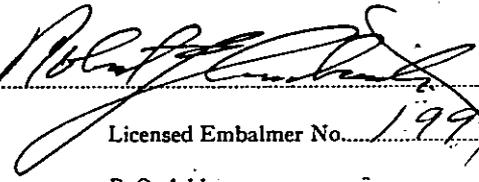
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

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 .....

Licensed Embalmer No. 1994.....

P. O. Address.....

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.