

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18806

Registration District No. 318

Primary Registration District No. 1006

Registrar's No. 4940

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(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 11239 S. JEFFERSON AVE
(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

3. (a) PRINT FULL NAME

HELEN QUIRK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife LAWRENCE
6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased JAN 6 1859
(Month) (Day) (Year)

8. AGE: Years 87 / Months 13 / Days 25 / If less than one day hr. min.

9. Birthplace CHICAGO (City, town, or county) ILL (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

12. Name UNKNOWN WELER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace CHICAGO (City, town, or county) ILL (State or foreign country)

16. (a) Informant WILLIAM SMITH
(b) Address 11239 S. JEFFERSON AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 3 46 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS CENT
18. (a) Signature of funeral director KRIEGER SHAWER
(b) Address 4228 S. GILLESPIE HIGHWAY

19. (a) Date received JUN 3 1946 (Registrar's signature) J. H. Braddock

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 22
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 11239 S. JEFFERSON
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31 year 1946 hour 11:30 AM minute M.

21. I hereby certify that I attended the deceased from May 16 46 to May 31 46
that I last saw him alive on 5/31/46
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Atherosclerosis
Chronic nephritis

Other conditions (Include pregnancy within 3 months of death) 1/31

Major findings: Of operations

Of 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?

While at work? (Specify type of place) means of injury

23. Signature Otto C. Hansen (b. D. or other) MD
Address 3012 Lafayette Date signed 6/4/46

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

17684

Mr. Harnes
3012 Langfellow Ave.
2 P.M.

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.....

Edwin D Mc Dermott

Licensed Embalmer No. *3024*

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.