S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2979

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 774

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital #1 (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:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6560 Itaska St. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARGARET QUELLMALZ
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Arthur
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 17 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
79	5	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Frederick Geimer
13. Birthplace Germany (City, town, or country) (State or foreign country) 4
14. Maiden name Louise Statler
15. Birthplace Alsace, Lorraine (City, town, or county) (State or foreign country) 8
16. (a) Informant Florence Quellmalz
(b) Address 6560 Itaska St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter&Paul Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bracker (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 23 year 1948 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 22, 1947 to Jan 23 1948 that I last saw her alive on Jan 14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	20 min
Due to Arteriosclerosis	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature J. Dean (M. D. or other)
Address 4500 W. Pine Date signed 1-26-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

4500 W Pine 9:30 - 1 Mon.

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 S McDermott

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.