

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14770

State File No. \_\_\_\_\_  
Registrar's No. 3408

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hosp</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>7624 a So. Broadway</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Edward</b> b. (Middle) <b>W</b> c. (Last) <b>McQuitty</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 11 1950</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 15 1909</b>
<b>9. AGE</b> (In years last birthday) <b>40</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS: Hours _____ Mins. _____		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b> <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Taxi</b>	
<b>13a. FATHER'S NAME</b> <b>Virgil McQuitty</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Maupin</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Rhoda McQuitty</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Rhoda McQuitty 7624a S. Broadway</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Ruptured aortic aneurism</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetic aortitis</b> DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>48 h.</b>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>St. Louis Mo</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____		_____	
<b>22. I hereby certify that I attended the deceased from: 4/10/50, 1950, to 4/11, 1950, that I last saw the deceased alive on 4/11/50, 1950, and that death occurred at 2:05A m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Dorothy L. [Signature]</b> (Degree or title) _____		<b>23b. ADDRESS</b> <b>16 Hampton Ave. Plaza</b>	
<b>23c. DATE SIGNED</b> <b>4/11/50</b>		_____	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Apr 13 50</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Lake Charles</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Cty Mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>APR 12 1950</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. B. Foster</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>E. J. SCHNUR 3125 Lafayette</b>		_____	

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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Joseph B. Hollman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

**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.