. No. 300
. 10.48

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

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21934

BIRTH NO. #20780 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5512

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis, Missouri.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St.Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montauk 0330
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) GOLDIE
b. (Middle) LEE
c. (Last) QUICK

4. DATE OF DEATH (Month) (Day) (Year) June 24th, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 24th, 1907
9. AGE (In years last birthday) 42 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Timber, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Thompson
13b. MOTHER'S MAIDEN NAME Anna Pankey
14. NAME OF HUSBAND OR WIFE Archie Quick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Archie Quick, Montauk, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Poss. Adrenal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Puerperal Sepsis (3 weeks ago)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

681X

22. *I hereby certify that I attended the deceased from* 5/30/50, 19__, *to* 6/24/50, 19__, *that I last saw the deceased alive on* 6/24/50, 19__, *and that death occurred at* 5:10 am *from the causes and on the date stated above.*

23a. SIGNATURE Harold H. Lurie (Degree or title) M.D.
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 6/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6-24-50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Salem, Mo.

DATE REC'D BY LOCAL REG. 6-26-50
REGISTRAR'S SIGNATURE J.B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoppe

Signed.....
Student Embalmer

Licensed Embalmer No. 297

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.