

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3409

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 265		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MONROE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWIS ST. LOUIS Co.		c. LENGTH OF STAY (In this place) 8 mos		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WATERLOO		8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION MT. ST. ROSE SANATORIUM				d. STREET ADDRESS (If rural, give location) 302 EAST FOURTH ST.				
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) W. c. (Last) QUERNHEIM			4. DATE OF DEATH (Month) (Day) (Year) JAN 29 1951					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 20, 1887		
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 7		IF UNDER 24 HRS. Days 9		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CO PARTNER		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE MANUFACTURER		11. BIRTHPLACE (State or foreign country) WATERLOO ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME HENRY QUERNHEIM			13b. MOTHER'S MAIDEN NAME SOPHIA BUCH		14. NAME OF HUSBAND OR WIFE HELEN QUERNHEIM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. (If yes, give war or date of service) WORLD WAR I NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Quernheim				
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) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 7 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? 002X YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 7-6-1950, to 1-29-1951, that I last saw the deceased alive on 1-27-1950, and that death occurred at 7:55 Pm., from the causes and on the date stated above.								
23a. SIGNATURE John C. Mumfley M.D. (Degree or title)				23b. ADDRESS 3720 Washington Ave.		23c. DATE SIGNED 1-31-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 31, 1951		24c. NAME OF CEMETERY OR CREMATORY WATERLOO		24d. LOCATION (City, town, or county) (State) WATERLOO MONROE ILL		
DATE REC'D BY LOCAL REG. 1/31/51		REGISTRAR'S SIGNATURE Herbert R. Lomke MD		25. FUNERAL DIRECTOR'S SIGNATURE Emil Quernheim		ADDRESS WATERLOO ILL		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Harris Sts.

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.