

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6547  
1587

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1587							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (When deceased lived. If institution, residence before admission). a. STATE Mo.				b. COUNTY					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 9 days		c. CITY OR TOWN St. Louis		d. STREET ADDRESS 3800a Laclede Ave.		2189		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital				3. NAME OF DECEASED a. (First) Rose				b. (Middle) Mary		c. (Last) Quentin		4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1951	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W.		8. DATE OF BIRTH April 9, 1879		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR 10		IF UNDER 1 YEAR 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Thomas Duffin				13b. MOTHER'S MAIDEN NAME Mary Ann Gallagin				14. NAME OF HUSBAND OR WIFE Frederick Quentin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Thomas Quentin, 8531 Jane Ave.							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis								INTERVAL BETWEEN ONSET AND DEATH 6 mon	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca. of Cervix								8 mon	
				DUE TO (c)									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None									
19a. DATE OF OPERATION 2/18/51				19b. MAJOR FINDINGS OF OPERATION Carcinomatosis of ailed.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) none		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) none									
21d. TIME OF INJURY none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? none				171X					
22. I hereby certify that I attended the deceased from 2/5 1951 to 2/14, 1951, that I last saw the deceased alive on 2/13, 1951, and that death occurred at 5:08 am, from the causes and on the date stated above.													
23a. SIGNATURE Valente J. Fox, M.D.				23b. ADDRESS 634 N. Grand Blvd.				23c. DATE SIGNED 2/16/51					
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE Feb. 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.							
DATE RECD BY LOCAL REG. FEB 16 1951		REGISTRAR'S SIGNATURE J. B. Lester				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 840 Lindell Blvd.							

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 \_\_\_\_\_  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed..... *W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 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.