

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35518

FILED NOV 2 1951

9129

BIRTH NO. ---		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. ---	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL				d. STREET ADDRESS (If rural, give location) 2337 1/2 LOUISIANA			
3. NAME OF DECEASED (Type or Print) JOHN H QUIRK			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) OCT. 14 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 12 1872	
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY PLUMBING CO.		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN QUIRK			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE GERTRUDE QUIRK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GERTRUDE QUIRK 2337 1/2 LOUISIANA			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis.		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) Hypostatic pneumonia					
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 No surgery				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR H332			
22. I hereby certify that I attended the deceased from 10-9-1951, to 10-14-1951, that I last saw the deceased alive on 10-14-1951, and that death occurred at 7:30 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Edward E. Smith, M.D.</i>				23b. ADDRESS 4930 Lindell Blvd. St. Louis 8, Missouri		23c. DATE SIGNED 10-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 17 1951		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. OCT 16 1951		REGISTRAR'S SIGNATURE <i>E. E. Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Ruto 2916 Gravois			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leo J. Budde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo.*

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.