

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3631**
Registrar's No. **0245**

FILED JAN 28 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3907 Sullivan Ave.		d. STREET ADDRESS (If rural, give location) 3907 Sullivan Ave. 10	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Harry T c. (Last) Quante			4. DATE OF DEATH (Month) Jan (Day) 8 (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 28 1893
9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Wk. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Maker	10b. KIND OF BUSINESS OR INDUSTRY Carter Carbureter	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Quante		13b. MOTHER'S MAIDEN NAME Gertrude Krantz	14. NAME OF HUSBAND OR WIFE Clara
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-07-9216	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Quante
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right lung INTERVAL BETWEEN ONSET AND DEATH 9 months	
ANTECEDENT CAUSES Morbid 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. Hypoproteinemia due to starvation failure to eat.	
19a. DATE OF OPERATION Dec. 18	19b. MAJOR FINDINGS OF OPERATION Cervical Cordotomy for pain		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 163X	
22. I hereby certify that I attended the deceased from Dec 15, 1952 to Jan 7, 1953 , that I last saw the deceased alive on Jan 7, 1953 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE George L. Hawkins, Jr. M.D.		23b. ADDRESS 607 N. Grand St. Louis	23c. DATE SIGNED Jan 9, 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/12/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. JAN 9 1953	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Morell ADDRESS 4112 St. Louis Ave	

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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.