

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41726**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 3086		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY OR TOWN SAPPINGTON		c. LENGTH OF STAY (In this place) 10 YRS.		c. CITY OR TOWN SAPPINGTON 483		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION KENNERLY ROAD				e. STREET ADDRESS (If rural, give location) Box 780 KENNERLY ROAD.				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) H		c. (Last) QUERMANN.		4. DATE OF DEATH (Month) (Day) (Year) NOV. 29, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Aug 12, 1882.		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen Plant Sup't A.I. & T. Retired.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John H. Quermann.			13b. MOTHER'S MAIDEN NAME (Unknown) Oberschelp.		14. NAME OF HUSBAND OR WIFE Elfrieda M. Quermann.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs G. H. Quermann, Sappington, Missouri.				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disease of coronary arteries					INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
		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.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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? _____				
22. I hereby certify that I attended the deceased from Oct. , 19 48 , to Nov. 29, 1953 , that I last saw the deceased alive on Oct. 30, 1953 , and that death occurred at 2A m., from the causes and on the date stated above.								
23a. SIGNATURE Jos. W. Stuee (Degree or Title) M.D.				23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 11-30-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.		24b. DATE Dec 1, 1953.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.		24d. LOCATION (City, town, or county) (State) #7800 St. Charles Rock Rd.,			
DATE REC'D BY LOCAL REG. 12-1-53		REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blvd.,			

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

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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.....
Signature of Student Embalmer

Signed *Clarence A. Murray*.....

Licensed Embalmer No. *4011*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.