

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13050**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Pattonville	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 St. Joseph Hosp DOA		e. STREET ADDRESS (If rural, give location) Box 141 Shady Oak Trailer Ct	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ROY c. (Last) QUICK Sr			4. DATE OF DEATH (Month) (Day) (Year) April 9 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8 1887		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 9 Days 1 IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Trailer Court	11. BIRTHPLACE (City and State or Foreign Country) Berryville Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Quick	13b. MOTHER'S MAIDEN NAME Mary Martin	14. NAME OF HUSBAND OR WIFE Merghgerie Quick
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Merghgerie Quick Box 141 Pattonville
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 min	
		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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **April 11, 1954** to **Apr. 11, 1954**, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:57 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Winnie Munchey	23b. ADDRESS Wentzville Mo	23c. DATE SIGNED April 4 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 12 54	24c. NAME OF CEMETERY OR CREMATORY Brazeau Presb Church	24d. LOCATION (City, town, or county) (State) Brazeau Missouri
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DATE REC'D BY LOCAL REG. April 12 1954	REGISTRAR'S SIGNATURE Winnie Munchey	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur	ADDRESS 3125 Lafayette
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ST. LOUIS MO

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

APR 20 1954

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 *John S. Demm*
Licensed Embalmer No. *419*
P. O. Address *St. Louis*

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.