

STANDARD CERTIFICATE OF DEATH

State File No. **21124**
5203

BIRTH NO.		REG. DIST. NO. 218		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 2199			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 0		OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 19 4475 West Pine Blvd.			
3. NAME OF DECEASED (Type or Print)		a. (First) STANLEY		b. (Middle) FRANK		c. (Last) QUISENBERRY	
4. DATE OF DEATH		(Month) 6		(Day) 10		(Year) 1954	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 11/25/1877	
9. AGE (In years last birthday) 76		# UNDER 1 YEAR Months 6		# UNDER 1 DAY Days 15		# UNDER 1 MIN. Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Quisenberry Associates		11. BIRTHPLACE (State or foreign country) Audrain County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joel Quisenberry		13b. MOTHER'S MAIDEN NAME Betty Johnson		14. NAME OF HUSBAND OR WIFE Agnes G. Glosier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-03-3302		17. INFORMANT'S SIGNATURE OR NAME Mrs. Stanley Quisenberry ADDRESS 4475 W. Pine Bl.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with metastases				INTERVAL BETWEEN ONSET AND DEATH 3 yr	
		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 7-24-51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate				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? 177X			
22. I hereby certify that I attended the deceased from 7-9-51 , 19___, to 6/10/54 , 19___, that I last saw the deceased alive on 6-9-54 , 19___, and that death occurred at 3 AM m., from the causes and on the date stated above.							
23a. SIGNATURE Edward M. Banner M.D. (Degree or title)				23b. ADDRESS University Club		23c. DATE SIGNED 6/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/11/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. JUN 11 1954		REGISTRAR'S SIGNATURE J. Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Road			

(Licensed Embalmer's Statement on Reverse Side)

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 *Ernest W. Spillars*

Licensed Embalmer No. *14080*

P. O. Address.....

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.