

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42997

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 1541 Registrar's No. 2841

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u> )		c. LENGTH OF STAY (in this place) <u>2 Mos.</u>	c. CITY OR TOWN <u>Berkely City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospt</u>		STREET ADDRESS (If rural, give location) <u>8821 Dora Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>E.</u> c. (Last) <u>Quillen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 7 54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/3/1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Const.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Quillen</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Wallace</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Quillen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Quillen</u> ADDRESS <u>8821 Dora Ave.</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma Kidney, metastatic</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Arteriosclerosis Cardiovascular</u>		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?

22. I hereby certify that I attended the deceased from 9-29, 1954, to 12-7, 1954, that I last saw the deceased alive on 12-7, 1954, and that death occurred at 12:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Cooper D. Kay M.D.</u> (Degree or title)	23b. ADDRESS <u>601 S. Brentwood</u>	23c. DATE SIGNED <u>12/8/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/10/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>

DATE REC'D BY LOCAL REG. <u>12-9-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u> ADDRESS <u>1125 Hodiamont Ave.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1002

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... *Alfred J. Boedeker*.....  
Licensed Embalmer No. *266*

P. O. Address *1125 Hyde*

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.