

FILED MAR 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10084

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1886**

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 OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Bethesda Hospital

STREET ADDRESS (If rural, give location)
1231 Olive St. *2258*

3. NAME OF DECEASED
a. (First) **ANNA** b. (Middle) _____ c. (Last) **QUIRK**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 27, 1955

5. SEX
Female

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Mar. 13, 1881

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?
9

13a. FATHER'S NAME
Herman Fechtel

13b. MOTHER'S MAIDEN NAME
Agnes Risse

14. NAME OF HUSBAND OR WIFE
Howard Quirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Howard Quirk 1231 Olive St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cancer of the Liver**

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.

INTERVAL BETWEEN ONSET AND DEATH
5 Months

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
1561

22. I hereby certify that I attended the deceased from **Feb. 11, 1953** to **Feb 27, 1955**, that I last saw the deceased alive on **Feb 26, 1953**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Malcolm B Bawell M.D.

23b. ADDRESS
4660 Magazine

23c. DATE SIGNED
2/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
3/1/55

24c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis, Missouri

DATE REC'D BY LOCAL REG. FEB 28 1955 REGISTRAR'S SIGNATURE
Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
CHULICK UND. CO. 1722 S. Jefferson

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Bernard J. [Signature]

Licensed Embalmer No.....
422

P. O. Address.....
[Signature]

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.