

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11288**
Registrar's No. **2280**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2280	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS			
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 3 HRS.		c. CITY OR TOWN OLIVETTE 4380		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				e. STREET ADDRESS (If rural, give location) 9106 OLD BONHOMME RD.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) WALTER	b. (Middle) EDWARD	c. (Last) QUERMANN	(Month) 3	(Day) 2	(Year) 56
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5 10 1897		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work during most of deceased's life, even if retired) STAFF ARTIST		10b. KIND OF BUSINESS OR INDUSTRY POST* DISPATCH		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS	
13a. FATHER'S NAME HERMAN QUERMANN			13b. MOTHER'S MAIDEN NAME MARY LOUISE SCHWENDKER		14. NAME OF HUSBAND OR WIFE RUTH QUERMANN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 490-01-1809		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUTH QUERMANN 9106 OLD BONHOMME RD.	
10c. CITIZEN OF WHAT COUNTRY? USA					

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		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 420.1				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 **January, 1956**, to **March 2, 1956**, that I last saw the deceased alive on **March 2, 1956**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Julius Olson, M.D.		23b. ADDRESS University Club Bldg.		23c. DATE SIGNED 3/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-5-56		24c. NAME OF CEMETERY OR CREMATORY ZION	
		24d. LOCATION (City, town, or county) ST. LOUIS		(State) MO.	

DATE REC'D BY LOCAL REG. MAR 5 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Trk.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MAR 28 1938

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..... *Felix Durand*

Licensed Embalmer No... 30

P. O. Address... *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.