

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26475**
Registrar's No. **6184**

FILED JUL 26 1957

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

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. In 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) **30 Saint Louis Maternity Hosp 213** STREET ADDRESS (If rural, give location) **6215 Bowman**

3. NAME OF DECEASED (Type or Print) a. (First) **DALE** b. (Middle) **EDWARD** c. (Last) **QUIRK:**

4. DATE OF DEATH (Month) (Day) (Year) **July 1 1957**

5. SEX **Male**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH **July 1 1957**

9. AGE (In years last birthday) **0** if UNDER 1 YEAR Months **0** Days **0** Hours **1** Min. **45**

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) **None**

10b. KIND OF BUSINESS OR INDUSTRY **None**

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

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Donald Edward Quirk**

13b. MOTHER'S MAIDEN NAME **Mary Colette Kruse**

14. NAME OF HUSBAND OR WIFE **--**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give year or dates of service) **None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mary Colette Quirk 6215 Bowman**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Unertain**
ANTECEDENT CAUSES (b) **Unertain**
DUE TO (c) **776x**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Prematurity**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **no**

19b. MAJOR FINDINGS OF OPERATION **no**

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.) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **7-1-57**, 19____, to **7-1-57**, 19____, that I last saw the deceased alive on **7-1-57**, 19____, and that death occurred at **2:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **A. Hermann Hultsch, M.D. Sister Phys.** 23b. ADDRESS **St. Louis, Mo.** 23c. DATE SIGNED **7/2/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 3, 1957** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUL 3 57** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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

Student.....
Signature of Student Embalmer

Signed..... *Richard W. Stovesa*

Licensed Embalmer No. 400

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.