

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

47633

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registration District No. 12093

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.			Length of stay in lb 12 days	d. STREET ADDRESS 1141 81st St.	
3. NAME OF DECEASED (Type or print) First Middle Last Herman William Quade			4. DATE OF DEATH Month Day Year Dec. 14, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 24, 1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurseryman		10b. KIND OF BUSINESS OR INDUSTRY Nursery	11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederick Quade			14. MOTHER'S MAIDEN NAME Johanna Kluck		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-01-5267	17. INFORMANT Address Esther Meehan, 6526 Avalon, U. City		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident, Thrombosis</u> Conditions, if any, which gave rise to above - cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arterio-sclerosis</u> DUE TO (c) <u>332x</u>					INTERVAL BETWEEN ONSET AND DEATH 1 week 4 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION (JSS)		COUNTY (JSS)
21. I attended the deceased from <u>4-16-55</u> to <u>12-14-55</u> and last saw ^{her} _{him} <u>5:15 pm</u> alive on <u>12-14-57</u> Death occurred at <u>5:15 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or print) <u>John A. Stammers M.D.</u>			22b. ADDRESS <u>35 N. Central, Clifton, Mo.</u>		22c. DATE SIGNED <u>12-16-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-18-1957	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Ev. Cemetery		23d. LOCATION (City, town, or county) (State) Creve Coeur, Missouri	
24. FUNERAL DIRECTOR Baumann Bros. Inc. 2504 Woodson Rd., Overland, Mo.		25. DATE RECD. BY LOCAL REG. DEC 16 57	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		

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 *David C. Gibson*

Licensed Embalmer No. *34*

P. O. Address *St. Louis*

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.