

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027351
State File No. 5933
Registrar's No.

FILED JUL 21 1958
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 death.) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN Belleville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospt		e. STREET ADDRESS (If rural, give location) 32 511 North 16th Street	
3. NAME OF DECEASED (Type or Print) Audrey Jean Quade		4. DATE OF DEATH 6-7-58	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-15-1896	
9. AGE (In years last birthday) 62		IF UNDER 18: YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales-lady		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	
11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George W. Smith		13b. MOTHER'S MAIDEN NAME Maude Pennington	
14. NAME OF HUSBAND OR WIFE George Quade		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. 499 03 4809		17. INFORMANT'S SIGNATURE OR NAME Mildred Best 511 N. 16th St. Belleville	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <i>June 6</i> , 1958, to <i>June 7</i> , 1958, that I last saw the deceased alive on <i>June 6</i> , 1958, and that death occurred at <i>11:50 a. m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>M. D. Quinn M.D.</i> (Degree or title)		23b. ADDRESS <i>539 N. Grand St. St. Louis</i>	
23c. DATE SIGNED <i>6/9/58</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 6-11-58		24c. NAME OF CEMETERY OR CREMATORY Kanapolis Cemetery	
24d. LOCATION (City, town, or county) (State) Kanapolis, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Clark F. H. 1125 Hodiamont Ave.	
DATE REC'D BY LOCAL REG. JUN 9 58		REGISTRAR'S SIGNATURE <i>Paul Smith</i>	

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..... *Alfred J. Boeder*
Licensed Embalmer No. *366*
P. O. Address... *1125 Hdt*

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.