

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027352

STATE FILE NUMBER 6921

FILED JUL 24 1958 Registration District No. 318 Primary Registration District 1003 Registrar's No. 6921

| | | | |
|---|---------------------------|---|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5917 Emma Ave. | | d. STREET ADDRESS 5917 Emma Ave. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WALTER C. QUILLMAN | | 4. DATE OF DEATH Month Day Year July 10, 1958 | |
| 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 Apr. 21, 1887 71 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paint Sprayer | | 10b. KIND OF BUSINESS OR INDUSTRY Self employed | 11. BIRTHPLACE (City and state or country) Illinois |
| 13. FATHER'S NAME John J. Quillman | | 14. MOTHER'S MAIDEN NAME Mary Lufkin | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Mrs. Jessie Quillman 5917 Emma Ave. | | Address | |
| 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>Emphysema, Pulmonary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bronchitis, Chronic</u> DUE TO (c) <u>502.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Decubitus ulcer, sacral</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>15-20 yrs.</u> |
| 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 Month, Day, Year a. m. p. m. | | | |
| 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 | | COUNTY STATE | |
| 21. I attended the deceased from <u>May 1955</u> , to <u>July 10, 1958</u> and last saw <u>him</u> alive on <u>July 10, 1958</u> Death occurred at <u>11:45</u> <u>a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Roberta Mayer M.D.</u> | | 22b. ADDRESS <u>950 Francis Pl., Clayton 5, Mo.</u> | |
| 22c. DATE SIGNED <u>7/11/58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>7/14/58</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.</u> | | 25. DATE RECD. BY LOCAL REG. <u>JUL 11 '58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | | | |

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
J. W. Rister

Licensed Embalmer No. 390

P. O. Address, *St. Louis*

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