

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10437**

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|---|--|---|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 14 mo. | | c. CITY OR TOWN Richmond Heights | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Med. Center | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 7569 Hiawatha Ave. | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Elmer Middle E. Last McQuillin | | | | 4. DATE OF DEATH Month 10 Day 26 Year 60 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/5/76 | 9. AGE (last birthday) 83 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer - Ret. | | | 10b. KIND OF BUSINESS OR INDUSTRY Newspaper | | 11. BIRTHPLACE (City and state or country) Camp Point, Ill. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Ezra McQuillin | | | 13b. MOTHER'S MAIDEN NAME Sarah Thomas | | | 14. NAME OF HUSBAND OR WIFE Ida Mae McQuillin | | |
| 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. | | 17. INFORMANT Address Mrs. Opal Becker, 7569 Hiawatha | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED ARTERIOSCLEROSIS | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH YEARS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | DUE TO (c) 450.0 | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 | | COUNTY | | STATE |
| 21. I attended the deceased from 8-5-59 to 10-25-60 and last saw her/him alive on 10-25-60 | | | | Death occurred at 7:15 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) William A. Jung, M.D. | | | | 22b. ADDRESS 3720 Washington Ave. | | | 22c. DATE SIGNED 10-28-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 10/31/60 | 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | | 23d. LOCATION (City, town, or county) Hamilton | | (State) Mo. | |
| 24. FUNERAL DIRECTOR Drehmann-Harral | | | ADDRESS 1905 Union | | 25. DATE RECD. BY LOCAL REG. OCT 28 1960 | | 26. REGISTRAR'S SIGNATURE Paul Smith M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

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.