

Registration District No. XCL690511 318 Primary Registration District No. SL 245381003 Registrar's No. 3583 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED APR 25 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		Length of stay in 1b <u>108 DAYS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VAH, ST. LOUIS, MO.</u>		c. CITY OR TOWN <u>EAST ST. LOUIS,</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4217 STATE STREET</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH Month <u>4</u> Day <u>14</u> Year <u>61</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>H</u> Last <u>QUAST</u>			5. SEX <u>MALE</u>
6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <u>8/6/00</u>		9. AGE (last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>GREENFIELD, ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED QUAST</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MURRAY</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>	
16. INFORMANT <u>F. R. QUAST (BROTHER)</u>		17. ADDRESS OF INFORMANT <u>10430 BELL FOUNTAIN ST. LOUIS, MO.</u>	
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>RESPIRATORY FAILURE</u> DUE TO (b) <u>MELASTATIC CARCINOMA TO THE LUNG</u> DUE TO (c) <u>CARCINOMA OF THE ESOPHAGES</u> <u>150x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 HOURS</u> <u>3 YEARS</u> <u>8 YEARS</u>
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 <u>3:15</u> a.m. p.m.	Month, Day, Year <u>12/27/60</u>	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>VA</u> <u>12/27/60</u> to <u>4/14/61</u> and last saw him alive on <u>1/14/61</u>		Death occurred at <u>3:15 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Robert Donath M.D.</u>		22b. ADDRESS <u>VAH, ST. LOUIS</u>	
22c. DATE SIGNED <u>4/14/61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>4-16-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Greenfield, Ill.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Shields Funeral Home, Greenfield, Ill.</u>	
25. DATE RECD. BY LOCAL REG. <u>APR 14 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl 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 Shields Memorial Home
J. Russell Shields

Licensed Embalmer No. 5238

P. O. Address Greenfield Ia

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.