MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Cleared thru Mr. Quinn, Deputy Coroner by Dr. Wolfson

-61-031047

STATE FILE NUMBER

433 SL 685

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7401

FILED AUG 18 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST. LOUIS, MO.
Length of stay in 1b: 2 HRS 10MIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETS. ADMIN. HOSPT.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST.LOUIS
c. CITY OR TOWN: DELLWOOD
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 218 N. FLORIDALE COURT
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First PAUL Middle KRUEGER Last QUINT
4. DATE OF DEATH: Month AUGUST Day 8 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12/6/00
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WILLIAM QUINT
13b. MOTHER'S MAIDEN NAME: KATIE DOBBINS
14. NAME OF HUSBAND OR WIFE: DELLA QUINT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
17. INFORMANT Address: DELLA QUINT, WIDOW, SEE #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CHRONIC LUNG DISEASE
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) ESOPHAGEO CUTANEOUS FISTULA
DUE TO (c) 539.1 H
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CARCINOMA OF LUNG-POST OPERATIVE-NO EVIDENCE OF RECURRENCE

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 8/8/61 to 8/8/61 and last saw him alive on 8/8/61
Death occurred at 7:25 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 8/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-11-61
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc, 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: AUG 9 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed B W Wilkinson

Signature of Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.