CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18217
Do not use this space.

1. PLACE OF DEATH Gasconade 2
(a) County ~~FRANKLIN~~ 1 Registration District No. 306
(b) Township BOEUF Primary Registration District No. 5424 Registered No. 7
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 18 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM F. QUEST 230
(a) Residence, No. Stanghill, Mo St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EMMA Quest
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 13 — 1868
7. AGE: YEARS 69 MONTHS 7 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: FARMER
9. Industry or business in which work was done, as saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): 5-12-38
11. Total time (years) spent in this occupation: ALL

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS Mo
FATHER
13. NAME: HENRY Quest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY
MOTHER
15. MAIDEN NAME: CATHERNE BOESCH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY.
17. INFORMANT (ADDRESS): Wm Quest Jr New Haven Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: St LOUIS Mo DATE: 5-23 1938
19. FUNERAL DIRECTOR (ADDRESS): L.C. FERTIG, SON NEW HAVEN Mo
20. FILED: 5-20 1938 John Engelbrecht Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 19 — 1938
22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938, to May 19, 1938
I last saw him alive on May 19, 1938. Death is said to have occurred on the date stated above, at 7:20 P.m.
The principal cause of death and related causes of importance were as follows:
Right side Hemiplegia caused by Cerebral apoplexy — Date of onset 5-13-38
Other contributory causes of importance:
82a
Name of operation: — Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) John Engelbrecht, M. D.
(Address) Stanghill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, L.C. FERTIG & SON, Licensed Embalmer No. 2099

hereby certify that the body recorded on the reverse side of this certificate was embalmed by NE

L. E. L. C. Fertig

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)