

NOV 16 1938

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

791

1003

34073
Do not use this space.

Registered No. 9059

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. St. Johns Hosp.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Agathe Quade

(a) Residence, No. 3533 Louisiana Ave. St. 16
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Quade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 7 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Herman Engescer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Christina Martis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT Edward Quade
(ADDRESS) 3533 Louisiana Ave.

18. BURIAL CREMATION, OR REMOVAL PLACE Sunset Cemetery DATE Oct. 19 1938

19. FUNERAL DIRECTOR Wm. Schumacher Und. Co.
(ADDRESS) 3013 Meramec St.

20. FILED OCT 17 1938 J. J. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1938 to 10/16/38, 1938.

I last saw him alive on 10/15/38, 1938. Death is said to have occurred on the date stated above, at 1:53 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver and pancreas
Primary seat head of pancreas
Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify Chas. Tangle Jackson
(Signed) Humboldt B., M. D.
(Address) St. Louis

STATEMENT BY LICENSED EMBALMER

I, *Clarence Jackson*

Licensed Embalmer No. *3093*

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

..... L. E.

No..... or by.....
working under my personal supervision.

Signed *Clarence Jackson*
Registered Apprentice No.....
Licensed Embalmer No. *3093*

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.)