

JAN 17 1939

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

40716

Do not use this space.

791

1003

Registered No. 10408

1. PLACE OF DEATH

- (a) County
 (b) Township
 (c) City St. Louis (d) Street No. St. John's Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Rose Quan
 (a) Residence, No. 6526 Clayton Ave. St. 4
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis Quan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 30, 1881</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>7</u>	DAYS <u>1</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	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) <u>St. Louis County Mo.</u>		
FATHER	13. NAME <u>John Vogelsang</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Louise Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1938, to 12-1, 1938
 I last saw h. er alive on 12-30-38, 19..... Death is said to have occurred on the date stated above, at 9:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Melanotic Carcinoma of spine (body of 2nd lumbar vert.)
Terminal Lobes Pneumonia
2nd lower lobe
 Date of onset 11-29-38
 Questioned

Other contributory causes of importance:
Carcinoma of Lt breast - Radical removal 4 years ago. Thought to be original or primary malignancy.

Name of operation..... Date of.....
 What test confirmed diagnosis? X-ray 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 J. Housmond, M. D.
 (Address) 634 N. Grand Blvd.

17. INFORMANT Francis Quan Jr.
 (ADDRESS) 6526 Clayton Ave.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE New St. Peter's DATE 12-3, 1938
 19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary
 (ADDRESS) 4228 So. Kingshighway
 20. FILED J.F. Bredich
 Local Registrar.

JAN 2 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD I X 14028

Mr. J. J. Hammond
#127 No. Theatrical Bldg.
Fr. 5080 Ca. 2040
Alameda at 10 AM.

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

Registered Apprentice No., working under my personal supervision.

Signed.....
Edurn M. McQuinn

Licensed Embalmer No.
3024

P. O. Address.....

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 this body is not embalmed, above space should be left blank.