DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 13 1939

34422

State File No.

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8960

1. PLACE OF DEATH:

NOV 13 1939

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5550 Bartmer Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5550 Bartmer Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Maude E. Quisenberry 251

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Stanley Quisenberry

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Febr. (Month) 16 (Day) 1877 (Year)

8. AGE: Years 52 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lewis Brown
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Emma Johnson
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Elva Thompson
(b) Address 5741 Cabenne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-39 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1205 Union Blvd.

19. (a) OCT 21 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th.
year 1939 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from June 15, 1939, to Oct. 19, 1939;
that I last saw her alive on Oct 17, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to Chronic Myo-Carditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 6127 Page Blvd Date signed 10/20/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

Dr Compton 11-12, 3-4
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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 R M Sanford

Licensed Embalmer No. 2273

P. O. Address Thanis.

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.