

791
Registration District No.

1003
Primary Registration District No.

State File No.

10437
Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. 23 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 530 W. HURCK ST.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28,
year 1941 hour 5:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from October
5, 1941 to December 28, 1941
that I last saw h im alive on December 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of ascending colon - regional spread 1 yr?
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Also - tranquilized, colostomy performed.
Of autopsy: Yes - Confirmed clinical diagnosis.

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature Frank D. [Signature] (D or other) _____
Address 1515 Lafayette Ave. Date signed 12/29/41

3. (a) PRINT FULL NAME George Quensen
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LUCIA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN. 15 1901
(Month) (Day) (Year)
8. AGE: Years 40 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation SWITCHMAN

11. Industry or business Rail Road

12. Name LOUIS QUENSEN

13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET SCHRIER

15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Anna E. [Signature]
(b) Address 530 W. HURCK ST.

17. (a) BURIAL (b) Date thereof DEC 31 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST MATHEWS CEM

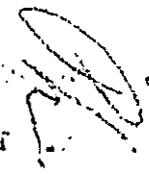
18. (a) Signature of funeral director J. P. [Signature]

(b) Address 7128 Michigan St.

19. (a) DEC 30 1941 (b) J. P. [Signature]
(Date of local registration) (Registrar's signature)

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

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17
5



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 Francis C. Williamson

Licensed Embalmer No. 3527

P. O. Address 7401's Zephyr Rd

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, fact should be so stated above.