

FILED NOV 6 1942

Registration District No. 318

Primary Registration District No. 1000

State File No. 9003
Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
6424 Virginia /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 91
(d) Street No. 6424 Virginia (If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Quellmalz

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 Widowed

6. (b) Name of husband or wife Louis Quellmalz 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August (Month) 7 - 1864 (Day) (Year)

8. AGE: Years 78 Months 2 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Home

11. Industry or business --

12. Name Fred Balz

13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Yarish 15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Julia Chouquette

(b) Address 6424 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 31 42 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director Walter H. Halden (b) Address 3634 Gravois Avenue

19. (a) OCT 29 1942 (Date received local registrar) (b) J. F. Buddeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1942 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct 24 1942 to Oct 27 1942 that I last saw her alive on Oct 27 1942 and that death occurred on the date and hour stated above

Immediate cause of death Bronchial Asthma Duration several years
Due to To a heavy cold. 30 days

Other conditions 112
(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? --
While at work? (Specify type of place) (e) Means of injury --

23. Signature B. M. Hoffman (M. D. or other) 0
Address 6607 2a Ave. Date signed 10-28-42

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 Robert Cochran

Licensed Embalmer No. 2178

P. O. Address St. Louis Mo

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.