

REG. DEC 3 1943
Filing Date

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town St. Louis
(c) Name of hospital or institution:
4321 Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY B QUELL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced 2 - Widowed

6. (b) Name of husband or wife Des Quell Dec 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 13 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 2 If less than one day in min

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

10. Usual occupation Housework

11. Industry or business at home

12. Name John Reigner

13. Birthplace Unknown (City, town, or county) Belgium (State or foreign country)

14. Maiden name Delaney

15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Arba E Gilmore
(b) Address 4321 Monroe St St. Louis Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 15 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Cameron Mo

18. (a) Signature of funeral director W. M. ...
(b) Address Cameron Mo

19. (a) 11-16-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Colfax
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country USA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1943 hour 1 minute 25 AM

21. I hereby certify that I attended the deceased from Oct 10 1942 to Nov 14 1943
that I last saw her alive on Nov 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration + death depression

Due to MITRAL STENOSIS

Due to Rheumatism 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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 J. L. ... (M. D. or other) DO
Address 3 E. 39th St St. Louis Mo Date signed 11/15-43

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

MOTHER FATHER

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 _____

Licensed Embalmer No. 11809

P. O. Address Camden, 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.