

FILED APR 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14474

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 753

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jennings		c. LENGTH OF STAY (in this place) 9/6	
c. CITY (If outside corporate limits, write RURAL and give township) Jennings		d. STREET ADDRESS (If rural, give location) 6806 West Florissant Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6806 West Florissant Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Evva		b. (Middle) Leona	
		c. (Last) Quick	
4. DATE OF DEATH (Month) (Day) (Year) March 26, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 3, 1874
9. AGE (In years last birthday) Months Days 74		IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prop. Hwa Store		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Delaware County, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Simon W. Quick		13b. MOTHER'S MAIDEN NAME Catherine Bigalow	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. A. Nixon		ADDRESS 6806 W. Florissant Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pa. Old Lead Junction Ascending Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Endic - Necrotic - Peric disease - Hypertension (Hardly Blind) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerosis - Intestinal occlusion Toxemia Transition	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Surgery Nov. 13 37 46	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/4 , 19 46 , to March 26 , 19 49 , that I last saw the deceased alive on _____, 19____, and that death occurred at 7:10 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE John B. Timmons		23b. ADDRESS 3734 Jennings Rd	
23c. DATE SIGNED 3/29/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 30, 1949	
24c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 3-28-49		REGISTRAR'S SIGNATURE Harold L. Lunge	
25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc.		ADDRESS 2161 E. Fair Av	

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

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed Allen W. Kelly

Licensed Embalmer No. 3737

P. O. Address H. Jones, Missouri

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.