

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21558

FILED JUL 15 1949

State File No. 5989

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				d. STREET ADDRESS (If rural, give location) 23 2506a S. 10th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) _____ c. (Last) Quest			4. DATE OF DEATH (Month) (Day) (Year) 7 5 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 23, 1913	
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Clarksville, Miss.		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Elbert M. Peal			13b. MOTHER'S MAIDEN NAME Viola Maynard			14. NAME OF HUSBAND OR WIFE George Quest	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Quest 2506a S. 10 st.			
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) Broncho pneumonia and generalized peritonitis. ANTECEDENT CAUSES Abcess. Acute appendicitis, perforated. DUE TO (b) Acute salpingitis with pelvic abscess. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 7-4-49 7-1-49
19a. DATE OF OPERATION 7-4-49		19b. MAJOR FINDINGS OF OPERATION Acute salpingitis with pelvic abscess. Acute appendicitis, perforated. Generalized peritonitis.				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) 121			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 5300			
22. I hereby certify that I attended the deceased from 7/4 , 19 49 , to 7/5 , 19 49 , that I last saw the deceased alive on 7/5 , 19 49 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edgar J. News, M.D.				23b. ADDRESS 3805 a S. Broadway		23c. DATE SIGNED 7-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-9-1949		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUL 8 1949		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bro. Und. Co. 2201 S. Grand Bl.		

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

James R. Dunn

Signed _____

Student Embalmer

Licensed Embalmer No. *4527*

P. O. Address *2201 S. Grand*

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.