

FILED SEP 1 1951

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHE 20  
State File No. 29021

BIRTH NO. <u>16522-57</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2971</u>				
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (If this place) <u>9 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>23039</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6661 Sutherland Ave.</u>						
3. NAME OF DECEASED (Type or Print) <u>Infant</u>			a. (First)		b. (Middle)		c. (Last) <u>Quellmalz</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22 1951</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Aug. 21, 1951</u>		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		<u>9</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Richmond Heights, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry E. Quellmalz</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Lomax</u>			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) <u>No</u>			16. SOCIAL SECURITY NO. <u>Non</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Henry E. Quellmalz, 6661 Sutherland Ave.</u>				
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Abjection</u>  ANTECEDENT CAUSES <u>Prematurity</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7625</u>						INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u> <u>9 hrs</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>8/21</u> , 19 <u>51</u> , to <u>8/22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/21</u> , 19 <u>51</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Jackson St</u>				(Degree or title)		23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>8/29/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter &amp; Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8-23-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Hoffmeister Colonial Mortuary</u>		ADDRESS <u>6164 Chippewa St., St. Louis, Mo.</u>			

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.

*Not embalmed*  
*J. J. Hoek*