

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 3222  
1003 Registrar's No. 0705

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>#3209 a Park Avenue,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>			b. (Middle) <u>CLARK</u>		c. (Last) <u>QUICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 52</u>
5. SEX <u>Male.. 0</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>July 14, 1893.</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dental Surgery.</u>		11. BIRTHPLACE (State or foreign country) <u>Americus, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Stephen French Quick</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Maurine Baits Quick.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. W. W. # I.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maurine B. Quick - 3209 A. Park 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>ACUTE MYELOCYTIC LEUKEMIA</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>  <u>4 months</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>204.1</u>			
22. I hereby certify that I attended the deceased from <u>1/21</u> , 19 <u>52</u> , to <u>1/22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>52</u> , and that death occurred at <u>3:32 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edgar Linnwald M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>1/22/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN'Y 24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MISSOURI.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 23 1952</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene.....

Licensed Embalmer No. 3864.....

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.