

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41015

State File No. _____

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10558

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis,		c. LENGTH OF STAY (in this place) 62 Years		c. CITY OR TOWN St. Louis <i>H02</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 9449 Altonwood Drive			

3. NAME OF DECEASED (Type or Print) SELMA			a. (First)			b. (Middle)			c. (Last) QUADE			4. DATE OF DEATH (Month) (Day) (Year) Nov- 6- 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept-5-1891		9. AGE (to years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 18 YRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY At Home				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Henry Engelage			13b. MOTHER'S MAIDEN NAME Welhelmen Behrhorst			14. NAME OF HUSBAND OR WIFE William Quade					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME William Quade			ADDRESS 9449 Altonwood Drive		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial metastasis 5 days</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Carcinoma of breast 4 years</u>						Kyo	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Psoas abscess, left with carcinomatosis						2 weeks 2 wk	

19a. DATE OF OPERATION Oct. 25		19b. MAJOR FINDINGS OF OPERATION Left psoas abscess with retro-abdominal carcinomatosis				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>			

22. I hereby certify that I attended the deceased from November, 1951, to Nov. 6, 1953, that I last saw the deceased alive on Nov. 5, 1953, and that death occurred at 9:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles S. Shewin, M.D.</u>			(Degree or title)			23b. ADDRESS <u>3720 Washington</u>			23c. DATE SIGNED <u>Nov. 6, 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov-9-1953		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					

DATE REC'D BY LOCAL NOV 7 1953		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. Inc.</u>			ADDRESS 1936 St. Louis Ave.		
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L.P. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Charles S. Sherwin
3720 Washington Avenue

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delix J. Kispin
Licensed Embalmer No. 3497
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.