

FILED DEC 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44437**
Registrar's No. **11691**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Missouri			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) 18 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		d. STREET ADDRESS (If rural, give location) 4498 Forrest Park
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Memorial Hospital			d. STREET ADDRESS (If rural, give location) 4498 Forrest Park		
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Magdeline c. (Last) Quaite			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8 1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 21, 1878	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months 4 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Clinton, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Harold		13b. MOTHER'S MAIDEN NAME Mary Rodawald		14. NAME OF HUSBAND OR WIFE George E. Quaite	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George E. Quaite 4498 Forrest Park		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic nephritis Hypertensive C. V. Disease Old Fracture Rt. Hip			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis DUE TO (b) Hypertensive C. V. Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Fracture Rt. Hip		INTERVAL BETWEEN ONSET AND DEATH 3 mos (?) July 1953
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 443rd MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 9, 1953 11:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in Bedroom		
22. I hereby certify that I attended the deceased from Aug 26, 1953 , to Dec. 8, 1953 , that I last saw the deceased alive on Dec. 8, 1953 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE J. P. Nakada			23b. ADDRESS Humboldt Bldg.		23c. DATE SIGNED 12/10/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) Belleville, Illinois	
DATE REC'D BY LOCAL REG. DEC 11 1953		REGISTRAR'S SIGNATURE J. Carl Smith		FURNERAL DIRECTOR'S SIGNATURE ADDRESS St. Louis Ill	

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

July 21 - 1878

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.

Not Embalmed

W. Kurrer

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 3162

P. O. Address East St Louis Ill

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.