

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14438

State File No.

FILED DEC 17 1953

11783

BIRTH MO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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 OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>24 3244 Iowa Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANCES</u>		a. (First)		b. (Middle)		c. (Last) <u>QUEENSEN</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>12</u>		(Year) <u>1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan. 21, 1892</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>William Winkler</u>				13b. MOTHER'S MAIDEN NAME <u>Victoria Dora Bauer Kromenacher</u>		14. NAME OF HUSBAND OR WIFE <u>Late William Queenen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, in what war or states of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Lerche</u> ADDRESS <u>3532a Minnesota Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of Rt. femur</u> ANTECEDENT CAUSES <u>Cardiac decompensation</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension and by patient's heart attack</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		E9030	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 12 1953</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>She slipped and fell in her own home</u>			
22. I hereby certify that I attended the deceased from <u>Dec 2</u> , 19 <u>53</u> , to <u>Dec 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>53</u> , and that death occurred at <u>1:45 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. Ch. Mays</u> (Degree or title) _____				23b. ADDRESS <u>So Side, 10th Lane Bldg</u>		23c. DATE SIGNED <u>12-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 14 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>			

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.....
Signature of Student Embalmer

Signed *Bob C. Newman*.....

Licensed Embalmer No. *4533*.....

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

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The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11783

On this 22 day of December, 1953, before me appears _____

Kriegshauser Und. Co., who, upon their oath, states that the original record of ^{XXXX} ~~birth~~ death

for Frances Queenen ~~born~~ ^{died} Dec. 12-, 1953, in the State of

Missouri, and which was filed at St. Louis, Mo. on Dec. 14 1953, should be corrected as follows:

Item No. 13b should read Victoria Kromenacker

Instead of _____ Dora Bauer

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank T. Deters Und tk

Relationship.

4228 S. Kingshighway, St. Louis, Mo.

Present Address.

Subscribed and sworn to before me this 22 day of Dec., 1953

My Commission expires 3-4-57 Bea C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

