

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3505**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **300** Registrar's No. **156**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY OR TOWN LEMAV		c. CITY OR TOWN LEMAV 4850	
c. LENGTH OF STAY (in this place) township) 5 YEARS		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 600 BELLS WORTH		STREET ADDRESS (If rural, give location) 600 BELLS WORTH	

3. NAME OF DECEASED (Type or Print) ROSEMARY QUIRK			4. DATE OF DEATH (Month) (Day) (Year) JAN. 20 1955		
a. (First)		b. (Middle)		c. (Last)	

5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 28 1912		9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.	
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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 MO. 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME GEORGE OTH			13b. MOTHER'S MAIDEN NAME MARIE DAVIS			14. NAME OF HUSBAND OR WIFE JOHN		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME JOHN QUIRK		ADDRESS 600 BELLS WORTH	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CAR PULMONALE				5 YEARS	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PULMONARY TUBERCULOSIS DUE TO (c) REINFECTION TYPE FA INACTIVE 5 YEARS				10 YEARS	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. THORACOCOPLASTY LEFT				9 YEARS	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				002X	

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?	

22. I hereby certify that I attended the deceased from Summer, 1948, to JAN. 20, 1955, that I last saw the deceased alive on JAN 20, 1955, and that death occurred at 20 m., from the causes and on the date stated above.

23a. SIGNATURE Hubert C. Sweet (Degree or title) MD			23b. ADDRESS 508 N. GRAND		23c. DATE SIGNED 1/20/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-24-1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
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DATE REC'D BY LOCAL REG. 1/21/55		REGISTRAR'S SIGNATURE Hubert C. Sweet		25. FUNERAL DIRECTOR'S SIGNATURE Wm. P. Fendler Jr.		ADDRESS 7178 MICHIGAN	
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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 *Bill C. Franzen*

Licensed Embalmer No. *476*

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.