No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30363

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1918

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Hts. ~~Clayton~~
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Creve Coeur 4000
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Olive Street Road Box 9

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Marie
c. (Last): Queathem

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan. 28, 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 6 Days 4; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Richmond Heights, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Cordell V. Queathem
13b. MOTHER'S MAIDEN NAME: Evelyn Frances Faron
14. NAME OF HUSBAND OR WIFE: XXXXXXXXXXXXXX NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Cordell V. Queathem Creve Coeur, Mo.

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): Acute Diffuse Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 18-24 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ——
DUE TO (c): ——

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: ——

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
492X
20. AUTOPSY? YES [ ] NO [X] 2

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) m.: ——
21e. INJURY OCCURRED WHILE AT WORK [ ] ~~NOT WHILE AT WORK~~ [ ]
21f. HOW DID INJURY OCCUR? ——

22. *I hereby certify that I attended the deceased from* Feb 5, 1957, *to* Aug 1, 1957, *that I last saw the deceased alive on* July 31, 1957, *and that death occurred at* 6:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robt S. Hughes M.D.
23b. ADDRESS: Creve Coeur, Mo.
23c. DATE SIGNED: Aug 1, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-3-1957
24c. NAME OF CEMETERY OR CREMATORY: St. Monica Cemetery
24d. LOCATION (City, town, or county) (State): Creve Coeur, Mo.

DATE REC'D BY LOCAL REG.: 8/2/57
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Baumann Brothers Inc. 2504-Woodson Rd-Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W. Sutter

Licensed Embalmer No. 43

P. O. Address St. Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.