

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34010**
8476
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 13 years	c. CITY OR TOWN St. Louis	d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

d. FULL NAME OF HOSPITAL OR INSTITUTION **4750 Shaw Ave** e. STREET ADDRESS (If rural, give location) **2770 4750 Shaw Ave**

3. NAME OF DECEASED a. (First) **Hewitt** b. (Middle) **W.** c. (Last) **Quaumbry** 4. DATE OF DEATH (Month) (Day) (Year) **Sept 9 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **May 2, 1898** 9. AGE (In years last birthday) **59** Months **4** Days **7** IF UNDER 1 YEAR Hours Min.

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

13a. FATHER'S NAME **William H. Quaumbry** 13b. MOTHER'S MAIDEN NAME **Mary Virginia Pyner** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes 2nd World War** 16. SOCIAL SECURITY NO. **498-14-7380** 17. INFORMANT'S SIGNATURE OR NAME **Lola Schroeder** ADDRESS **4750 Shaw Ave**

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Emphysema** MEDICAL CERTIFICATION **Emphysema** INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES _____ DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **527.1**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Aug 15 1957** to **Sept 9 1957**, that I last saw the deceased alive on **Sept 8 1957**, and that death occurred at **6 A M.** from the causes and on the date stated above.

23a. SIGNATURE **Mamuel E. Green** (Degree or title) **D.D.** 23b. ADDRESS **1625 Tower Grove** 23c. DATE SIGNED **9/10/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept. 9/1957** 24c. NAME OF CEMETERY OR CREMATORY **Wellsville Cemetery Wellsville** 24d. LOCATION (City, town, or county) (State) **Mo.**

DATE REC'D BY LOCAL REG. **SEP 10 57** REGISTRAR'S SIGNATURE **Carl Smith M.D. Bull-Barnhill Mortuary** 25. FUNERAL DIRECTOR'S SIGNATURE **165 Delmar** ADDRESS _____

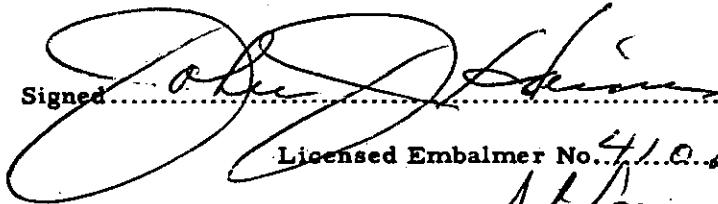
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 27 1958

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 
Licensed Embalmer No. 410
P. O. Address St. [unclear]

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.