

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46616

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3318

Health, & Welfare
Public
Service
300
1-56
All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Breckenridge Hills</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St.L.Co. Hosp.</u> Length of stay in lb <u>D.O.A.</u>		d. STREET ADDRESS (If outside, give location) <u>3014 Quiet Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Otto</u> Middle <u>Quade</u> Last <u>Quade</u>		4. DATE OF DEATH <u>Dec. 29, 1957</u> Month <u>Dec.</u> Day <u>29</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1890</u> <u>May 26, 1899</u>
9. AGE (In years last birthday) <u>68</u> <u>67</u>		IF UNDER 1 YEAR Months <u>68</u> Days <u>67</u> Hours <u>67</u> Min. <u>67</u>	IF UNDER 24 HRS. Hours <u>67</u> Min. <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Majestic Bldg.</u>	11. BIRTHPLACE (City and state or country) <u>Braunschweiger, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Ernst Quade</u>	
14. MOTHER'S MAIDEN NAME <u>Catherine Reising</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>492-24-5287</u>		17. INFORMANT <u>Elizabeth Quade, 3014 Quiet Lane</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cornary Enfant.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>4/201</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u>
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____			
20c. TIME OF INJURY Hour <u>8:00</u> Month <u>Jan</u> Day <u>1954</u> Year <u>1954</u> a. m. <u>A</u> p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> "NOT WHILE AT WORK" <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION <u>Pagedale, Missouri</u>		20g. COUNTY _____ STATE _____	
21. I attended the deceased from <u>Jan 1954</u> to <u>12-29-57</u> and last saw <u>her</u> <u>him</u> alive on <u>12-20-57</u> Death occurred at <u>8:00</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm A Knight MD</u> (Degree or title)		22b. ADDRESS <u>8201 North Broadway</u>	
22c. DATE SIGNED <u>1/30/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>1-2-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Pagedale, Missouri</u>		(State) _____	
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc.</u> 2504 Woodson Rd., Overland, Mo.		25. DATE RECD. BY LOCAL REG. <u>12-30-57</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert B. Demko MD</u> <u>ec</u>			

(Licensed Embalmer's Statement on Reverse Side)

850.06 NPT

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 *David C. Gibson*

Licensed Embalmer No. *341*

P. O. Address *Overland*

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.