

FILED FEB 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3469  
STATE FILE NUMBER  
1047

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1047

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY				a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only)				c. CITY OR TOWN		Inside Limits	
St. Louis				St. Louis		Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		STREET ADDRESS (If outside, give location)	
01 4225 E. Page						2119 4225 C. Page	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First Middle Last Annie Walker Quarles				1-25-58			
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.	
F	Col.	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	12-21-95	62		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
Housewife			None		Hennings, Tenn.		USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Unknown Gouse				Sarah Garner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT		Address
No			347-26-2634		Maxie Quarles - 4225 E. Page		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u>							20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u>							1 min.
DUE TO (c) <u>Ca of Stomach - Inoperable</u>							2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED?							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)				
			151x				
20c. TIME OF INJURY			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
Hour Month, Day, Year			20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from			21. I attended the deceased from				
Death occurred at			and last saw her him alive on				
4/15/57 - 1/6-58			1-25-58				
22a. SIGNATURE (Degree or title)			22b. ADDRESS		22c. DATE SIGNED		
Edward S. Rafferty, M.D.			4257 East Colburn		1-28-58		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		1-30-58		Washington Park Cem.		Berkeley, Mo.	
24. FUNERAL DIRECTOR			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
A.L. Beal Und. Co. - 4303 Delmar			JAN 28 '58		J. Carl Smith M.D.		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4-2-54  
S. S. O. S. E. H.

1324 Mo.

2

Dr Gaffney

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 *John Cunningham* .....

Licensed Embalmer No. *44*

P. O. Address *2457*

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