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FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-008185
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 607

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maplewood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maplewood. Nur. Hm — Length of stay in 1b 1 MONTH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ST. LOUIS
c. CITY OR TOWN Maplewood 45440 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 3140 BIG BEND (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle — Last QUAYLE

4. DATE OF DEATH Month 2 Day 24 Year 58

5. SEX M **6. COLOR OR RACE** W **7.** MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ **8. DATE OF BIRTH** 7-11-1886 **9. AGE** (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. BUTCHER **10b. KIND OF BUSINESS OR INDUSTRY** FOOD **11. BIRTHPLACE** (City and state or country) MISSOURI **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME JOHN - QUAYLE **13b. MOTHER'S MAIDEN NAME** LAURA - UNKNOWN **14. NAME OF HUSBAND OR WIFE** MARIE QUAYLE

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.** UNKNOWN **17. INFORMANT** MARGARET-MINOR Address 6241 LORAN - CITY.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Influenza	6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Senile debility	3 months
DUE TO (c)	Incapacitating arthritis 481X	12 years

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f.** CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1958, to Feb 24, 1958 and last saw ~~her~~ him alive on 2-23-58
Death occurred at 9:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis E. Jorel (Degree or title) M.D. **22b. ADDRESS** 689 E. Big Bend, Webster Groves, Mo **22c. DATE SIGNED** 2-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **23b. DATE** 2-27-58 **23c. NAME OF CEMETERY OR CREMATORY** MT-LEBANON CEM. **23d. LOCATION** (City, town, or county) ST. LOUIS Co (State) Mo.

24. FUNERAL DIRECTOR JAY-B-SMITH **ADDRESS** Maplewood 17 Mo **25. DATE RECD. BY LOCAL REG.** 2-27-58 **26. REGISTRAR'S SIGNATURE** Herbert R. Domke M.D. Dr.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only black ink. All diseases in Part I must be causally related.

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 H P Burgess

Licensed Embalmer No. 4029

P. O. Address Mapleton

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.