

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012179
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3158**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If outside, give location) 8695 Delmar Blvd	
3. NAME OF DECEASED (Type or print) First BERT Middle T. J. Last QUEEN		4. DATE OF DEATH Month Mar Day 17 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 28, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) investment		10b. KIND OF BUSINESS OR INDUSTRY sales	11. BIRTHPLACE (City and state or country) Loami, Illinois /
13a. FATHER'S NAME James Queen		13b. MOTHER'S MAIDEN NAME Mary Dennis	14. NAME OF HUSBAND OR WIFE Ella T. Queen
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. 494-03-5039	17. INFORMANT Robert Queen Address 221 S. Hartnet Ferguson
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarction & embolism arteriosclerotic heart disease DUE TO (b) arteriosclerotic heart disease DUE TO (c) Arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH None yes yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hydrothorax (bilateral) 420.0			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) 420.0	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from March 49 to March 17, 58 and last saw him alive on March 17, 1958 Death occurred at 7 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gilbert Munsch (Degree or title)		22b. ADDRESS 35 N. Central Clayton	
22c. DATE SIGNED 3-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal.	23b. DATE 3/20/58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
24. FUNERAL DIRECTOR C.R. Lupton and sons ADDRESS 7233 Delmar		25. DATE RECD. BY LOCAL REG. MAR 18 '58	26. REGISTRAR'S SIGNATURE Carl Smith

300
-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
COLLECTED BY 4/29/58
ARRIVED 2/15/58

MR. QUEEN
CITY

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo.*

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.