

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035117

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2546

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Crawford		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Cuba		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose San.		Length of stay in lb 7 Wks.	d. STREET ADDRESS (If outside, give location) R.R. # 2		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CATHRYN ELNER QUEHL			4. DATE OF DEATH Month Day Year 10-1-1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-2-1882		9. AGE (In years) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical		10b. KIND OF BUSINESS OR INDUSTRY Dun & Bradstreet		11. BIRTHPLACE (City and state or country) Greyville Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Eben Couch Latherland		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE William Quehl		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. 493-01-8500	
17. INFORMANT T.C. Rose		Address R.R. # 2 Cuba Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Peptic ulcer DUE TO (c) 5400 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Myocardial infarction	
INTERVAL BETWEEN ONSET AND DEATH 2 weeks		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Cuba		COUNTY STATE Mo.	
21. I attended the deceased from July 15, 1958 to October 1, 1958 and last saw ^{her} him alive on September 30, 1958 Death occurred at 450 P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Denote or title) Harry A. McLean MD			22b. ADDRESS 4924 Hampton Ave, St Louis 9, Mo		22c. DATE SIGNED Oct 3, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-4-1958	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves Mo.		ADDRESS 10-3-58		25. DATE RECD. BY LOCAL REG. Herbert R. Dorn MD	
26. REGISTRAR'S SIGNATURE and					

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lucie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Holston Grove*

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.