

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004637

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 124

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 25 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
14009				
291202				
3				
4 1				
5 2				
6				
7 1				
8 2				
9332X				
10				
11				
12 860				
13				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson Length of stay in 1b 2 Weeks  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hilltop House Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Ill b. COUNTY St. Clair c. CITY OR TOWN Belleville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 200 Blue Ridge Drive Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
IDA SOPHIA QUAYLE January 14 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-15-1881 9. AGE (last birthday) 81 IF UNDER 1 YEAR Months 0 Days 29 IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) New Haven, Conn. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fred Schmidt 13b. MOTHER'S MAIDEN NAME Sophia (unknown) 14. NAME OF HUSBAND OR WIFE George W. Quayle, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Ill. Leo Quayle, 200 Blue Ridge Dr., Belleville

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 da  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 Dec 16-1962 to Jan 14-1963 and last saw her alive on Jan 13-1963  
 Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John G. M. James MD 22b. ADDRESS 1014 Thekla Dr 22c. DATE SIGNED 1/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED 23b. DATE 1-16-63 23c. NAME OF CEMETERY OR CREMATORY St. Clair Memorial Park 23d. LOCATION (City, town, or county) E. St. Louis Illinois

24. FUNERAL DIRECTOR C. G. Kurrus, Jr., E. St. Louis, Ill ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 1-14-63 26. REGISTRAR'S SIGNATURE John G. Mumfry MD

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Illinois

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.