

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004638

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 395

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

14007

205002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED FEB 13 1963</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis County</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webster Groves</b>		c. CITY OR TOWN <b>Festus</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>224 Papin</b>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>R#1</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First <b>Jules</b> Middle <b>P.</b> Last <b>Quesnel</b>		Month <b>Feb.</b> Day <b>4,</b> Year <b>1963</b>		<b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-30-1895</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Cigar Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Webster Cigar Co.</b>		9. AGE (last birthday) <b>67</b>	
13a. FATHER'S NAME <b>EDWARD QUESNEL</b>		13b. MOTHER'S MAIDEN NAME <b>PAULINE SCHOLZ</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>###-##-##</b>		14. NAME OF HUSBAND OR WIFE <b>Violet</b>	
17. INFORMANT <b>Marguerite Frey</b>		Address <b>224 Papin</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <b>Cerebral Aneurysm</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arterio Sclerosis Gen.</b>			
		DUE TO (c) <b>Aneurysm Secondary</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female, was there a pregnancy in last 90 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY		Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <b>Sept 1962</b> to <b>Feb 3 '63</b> and last saw her/him alive on <b>Feb 3, 1963</b>		Death occurred at <b>7:30</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		COUNTY STATE	
22a. SIGNATURE <b>Paul C. Erick MD</b>		(Degree or title)		22b. ADDRESS <b>Webster Groves Mo 2-5 d</b>	
22c. DATE SIGNED <b>2-7-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2-7-1963</b>		24. FUNERAL DIRECTOR <b>Lupton Chapel 7233 Delmar Blv'd.</b>	
25. DATE RECD. BY LOCAL REG. <b>2-5-63</b>		26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>			

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Carl Frick  
227 E. Lockwood  
7-8811 Mon.  
Dec 1-2 P.M. 2m.  
8-9 AM

**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

*Clara H. Murray*

Licensed Embalmer No. 4011

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.