MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9486 STATE FILE NUMBER 63-037950

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	
2	205
3	2
4	1
5	2
6	
7	1
8	2
9	
10	
11	
12	64-U
13	
	64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 26 1963

1. PLACE OF DEATH — a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) — a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 9 Months
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jewish Hospital — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6240 Rosebury Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SHIRLEY Middle MARIE Last QUICK
4. DATE OF DEATH Month Day Year September 21, 1963
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2/22/1928
9. AGE (last birthday) 35 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY J. W. Gould, Inc.
11. BIRTHPLACE (City and state or country) Pensacola, Florida
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Silas Bruce Moore
13b. MOTHER'S MAIDEN NAME Dorothy Lucella Smith
14. NAME OF HUSBAND OR WIFE Henry Phillip Quick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Roderick B. Moore — Address 6240 Rosebury Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Extensive bone and liver metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH 18 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of breast. — 24 mo.

DUE TO (c) 170X

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. ☐ 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 12/3/62, to present and last saw her alive on 9/17/63

Death occurred at 11 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard T. Gaffinkel MD (Degree or title)
22b. ADDRESS 3720 Washington St Louis 8 Mo
22c. DATE SIGNED 9/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 9/23/1963
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
23d. LOCATION (City, town, or county) St. Louis Co, Missouri (State)

24. FUNERAL DIRECTOR Alexander & Sons — ADDRESS 6175 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. SEP 23 1963
26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr.Bernard T.Garfinkel

3720 Washington Ave

Je.3-6525

1 P.M.

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 J Allen Davis Jr

Licensed Embalmer No. 4653

P. O. Address [illegible]

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.