

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36802**

FILED NOV 53 1947

Registration District No. **3**

Primary Registration District No. **6128**

Registrar's No. **4**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **SHANNON**
(b) City or town **Webster Groves Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NONE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **St. Louis 96**
(c) City or town **WEBSTER GROVES 7**
(If outside city or town limits, write "RURAL")
(d) Street No. **240 W. BIGBEND BLVD**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

PARNELL QUICK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **EDNA LOUISE QUICK** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **AUG 22 1885**
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **14** If less than one day hr. _____ min. _____

9. Birthplace **PARSONS KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **BUILDING CONTRACTOR**

11. Industry or business

12. Name **JASPER QUICK** **9**

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name **ANNA CLARA FLACK** **9**

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Edna L. Quick**

(b) Address **Webster Groves Mo**

17. (a) **REMOVAL** (b) Date thereof **10/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place—burial or cremation **St. Louis, Mo**

18. (a) Signature of funeral director **Carl T. Spencer**

(b) Address **SALEM, MO**

19. (a) **10-14-47** (b) **Mabel P. Allen**
(Date received local registrar) (Registrar's signature) Day

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **4**
Year **1947** hour **9** minute **30** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____, alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

Due to _____

Due to **94A**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Frank Hyde** (M. D. or other) **3**

Address **Eximenes MO** Date signed **10-4-47**

RECEIVED

District Health Officer No. 5,

District File Number 10471586

Date Filed 10-30-47

VS APR 21 1960

NOV 5 1947

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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 this body is not embalmed, fact should be so stated above.