# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

35810

**1. PLACE OF DEATH**

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10613

City St Louis (No. Mullanphy Hospital St. ..... Ward)

**2. FULL NAME** Annie Quinn

(a) Residence. No. 3912 Kennerly a St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick Quinn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1872

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| abp. | 57 | — | — | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Patrick Lynch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) " "

14. INFORMANT Patrick Quinn
(Address) 3912 Kennerly a

15. FILED OCT 29 1929 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1929, to Oct. 27th, 1929 that I last saw her alive on Oct. 27, 1929, and that death occurred, on the date stated above, at 4 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema of Gall Bladder
Chronic Cholecystitis
127H
131
129
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 1- Peritonitis 2- Chr Myocarditis
3- Chr. Interstit. Nephritis (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10/25/29
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Laboratory, Surgery.
(Signed) Thomas E. McGurk, M.D.
10/28, 1929 (Address) 3951a Gravois

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary
DATE OF BURIAL 10-30 1929

20. UNDERTAKER Arthur J Donnelly
ADDRESS 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INKS—THIS IS A PERMANENT RECORD

~~[illegible]~~ 7805 m

Dr T. E. McGurk

~~5005~~ a Evans

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~~Rs 5475~~