

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.

JUN 27 1930

Schudde

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

Do not use this space.

17194

1. PLACE OF DEATH

County St. Louis  
Township St. Ferdinand  
City Budonette (No. ....)

Registration District No. 784  
Primary Registration District No. 6030

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Harry A. Quinley  
(a) Residence. No. Columbia Bottom St. .... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Mabel Quinley

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

about 87 yrs

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm hand  
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer  
(c) Name of employer Fred Neustadt

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Nebraska

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Fred Neustadt  
Madison Sta. St. Louis Mo.

15.

FILED

6/9/30 O. W. Schudde 88. D.  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

May 28 1930

17.

I HEREBY CERTIFY, That I attended deceased from

..... 19..... to ..... 19.....  
that I last saw h..... alive on ..... and that death occurred, on the date stated above, at ..... 6 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Phosmia Enderachitis  
9/2 1/2

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Older age of the man  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John G. Gander M. D.

5/4, 1930 (Address) Farmers Square Family

\*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

DATE OF BURIAL

Memorial Park 6/7/ 1930

20. UNDERTAKER

ADDRESS

Quinn Bros. Overland, Mo.

1951