

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

Do not use this space.

28104

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis. (No. Home for the Aged.)

File No.
 Registered No. 7943
 St. Ward)

2. FULL NAME Michael Quinn

(a) Residence. No. 3400 So. Grand Blvd. St. 16 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 Harriet Quinn.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know, 1842.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 88.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer). Odd jobs
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Watertown.
 (STATE OR COUNTRY) New York.

10. NAME OF FATHER Patrick Quinn.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

14. INFORMANT Sister Michael
 (Address) 3400 So. Grand Blvd.

15. FILED 9-9-1930 Miss C. Parker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 8 1930

17. I HEREBY CERTIFY that I attended deceased from July 1 to July 8 1930 that I last saw him alive on July 7, 1930, and that death occurred, on the date stated above, at 7 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1018 Bronchial Pneumonia
97 (duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis (duration) yrs. 1 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED? 1000
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. Brown M. D.

July 8 (Address) 3165 So Grand

*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
SS. Peter & Paul Cemetery Aug. 9, 1930.

20. UNDERTAKER St. Gebken & Co. 2842 ADDRESS Meramec.

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.

