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

Do not use this space.

21259

1. PLACE OF DEATH

County ..... Registration District No. 791 1008

Township ..... Primary Registration District No. .....

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

File No. .....

Registered No. 5815

2. FULL NAME # 4412 Andrew (Quinn) Quinn

(a) Residence, No. 4211 No 9th St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27, 1866

7. AGE: Years 66 | Months 2 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) County Cork (STATE OR COUNTRY) Ireland

FATHER

13. NAME Andrew Quinn

14. BIRTHPLACE (CITY OR TOWN) County Cork (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Kate Sullivan

16. BIRTHPLACE (CITY OR TOWN) County Cork (STATE OR COUNTRY) Ireland

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE June 21, 1932

19. UNDERTAKER Mat Hermann & Son (ADDRESS) 2600 Franklin Ave.

20. FILED JUN 20 1932 Marc C. Ingraff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to June 18, 1932

I last saw h~~im~~ alive on June 18, 1932. Death is said to have occurred on the date stated above, at 8:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	
Perf.	
Appendicitis	
Acute	

124 (2)

Other contributory causes of importance:

Ac. Appendicitis, perforated

Name of operation Acute Appendicitis Date of 6/15/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jerome Johnson, M. D.

(Address) City Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. 2

Lipinn