

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

Do not use this space.

15157

1. PLACE OF DEATH

County Registration District No. *7801*
Township Primary Registration District No. *1000*
City *St. Louis* (No. *5647*) *Hiller Plan* St. Ward)

File No.
Registered No. *3685*

2. FULL NAME

(a) Residence, No. St. *7* 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 *Mary Quinn*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 61 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sup't Roofing Co.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *11/4*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *8 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

13. NAME *William Quinn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Elizabeth Franklin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*

17. INFORMANT *Marietta Quinn* (ADDRESS) *5647 Hiller Pl.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chaparral* DATE *4-26* 1933

19. UNDERTAKER *Arthur J. Quinn* (ADDRESS) *3540 St. Charles St.*

20. FILED *APR 27 1933* *Max Stankel* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 23* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *April 13* 19*33*, to *April 23* 19*33*
I last saw him alive on *April 22* 19*33* Death is said to have occurred on the date stated above, at *5 P.M.*

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

Cerebral hemorrhage caused by severe paroxysm of coughing associated with acute bronchitis. Date of onset *Apr. 10 '33*

Other contributory causes of importance: *J. W.*

Name of operation *No operation* Date of operation
What test confirmed diagnosis? *Physical examination* Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *N.P.* Date of injury 19.....

Where did injury occur? *N.P. injury* (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? *None*
If so, specify

(Signed) *W. D. Jennings* M. D.
(Address) *410 Washington St. St. Louis*

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

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.

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Mr Jennings

4101 Washington &

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