

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

Do not use this space.

35184

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City..... (No. 7518, No. Broadway) St. Ward)

File No.
Registered No. 9400

2. FULL NAME

(a) Residence, No. Roy Quinta 7518 No Broadway St. 9 Ward. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 1 2

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

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

10. Date deceased last worked at this occupation (month and year) abt 2 yrs ago 11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

13. NAME Paul Quinta

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Anna Quinta (ADDRESS) 7518 No. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 1 1933

19. UNDERTAKER Bensiek - Niehaus (ADDRESS) 6138 Joseph

20. FILED 31 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1933

22. I HEREBY CERTIFY That I attended deceased from Oct 1st 1933 to Oct 29th 1933
I last saw him alive on Oct 29th 1933. Death is said to have occurred on the date stated above, at 8:57 m.

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

Pulmonary Tuberculosis Date of onset not known

L3A

Other contributory causes of importance: None

Name of operation Clinical Date of ho
What test confirmed diagnosis? Clinical Was there an autopsy? ho

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.

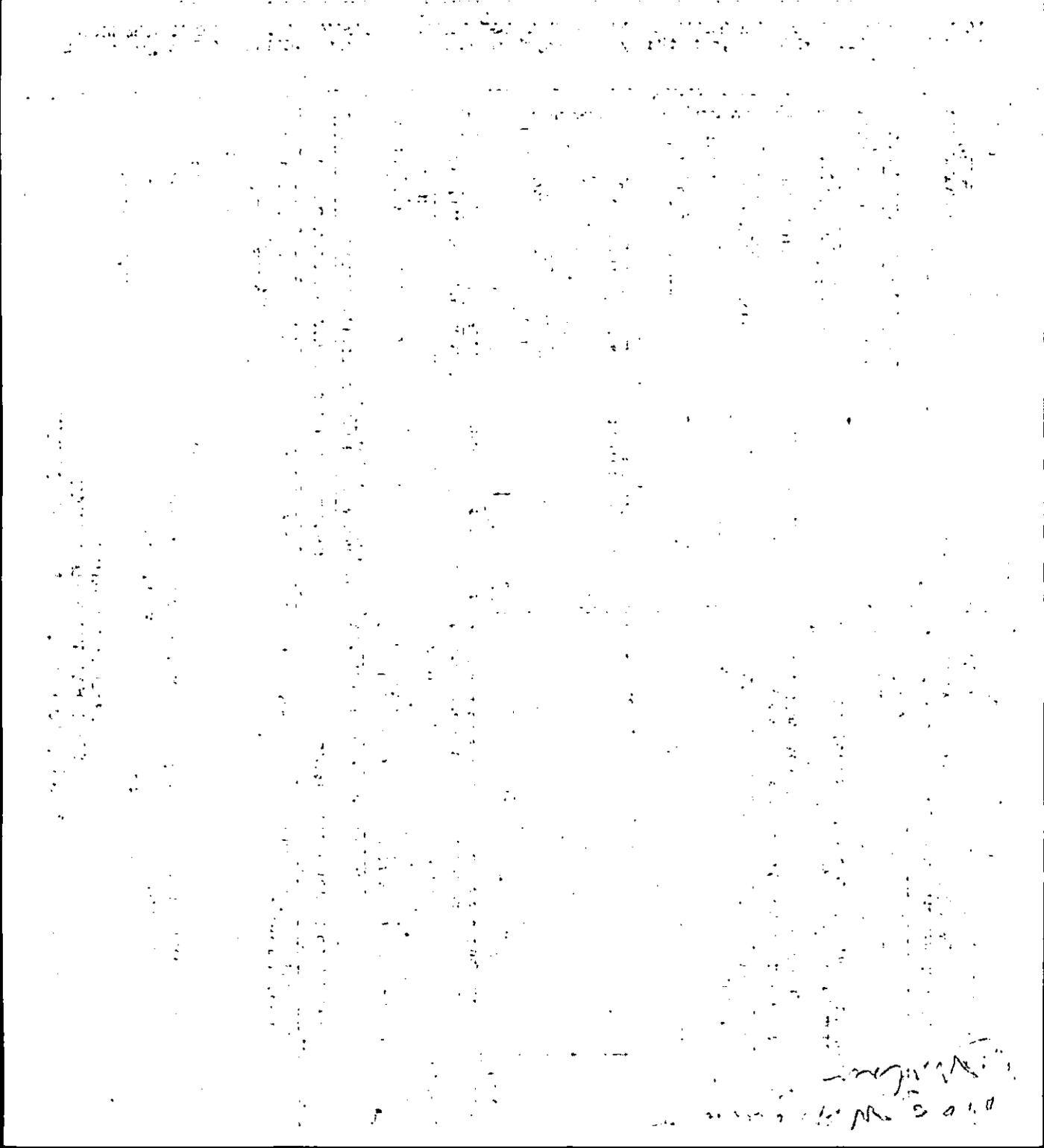
Manner of injury ho

Nature of injury ho

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ho

(Signed) W. H. Wilson, M. D.
(Address) 4106 N. Glassman

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. NOV 10 1933



M. J. M.
2010