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.

JAN 26 1934

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

Do not use this space.

41724

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St Louis (No. 4271 Castleman St. ..... Ward)

File No. .....

Registered No. 10761

2. FULL NAME Mamie Quinlan

(a) Residence, No. 4271 Castleman 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: Female

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: Timothy J Quinlan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 22nd 1866

7. AGE: Years 67 Months 3 Days 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co.

FATHER

13. NAME: Frank Callahan

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

MOTHER

15. MAIDEN NAME: Ellen Ahearn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Timothy J Quinlan 4271 Castleman St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 12-16 1933

19. UNDERTAKER (ADDRESS): Arthur J Donnelly & Co 3840 Lindell Blvd

20. FILED DEC 15 1933, 19 ..... J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 8th 1933 to December 13th 1933

I last saw her alive on Dec 13th 1933

Death is said to have occurred on the date stated above, at 2:05 P. m.

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

	Date of onset
Cerebral Apoplexy	
93C	
82A	

Other contributory causes of importance:

Chronic Myocarditis

Hydropsy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

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? No

If so, specify .....

(Signed) Herbert Bridges, M. D.

(Address) 1878 Pine ~~Lot Bryan~~

R. Greidener
1012 Geyer

a 4278
10-12.2