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.

MAR 4 1936

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

Do not use this space.

7932

File No. 1602

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3601 N. 11 St. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John J. Quinn

(a) Residence, No. 3601 N. 11 St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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: Husband of Clara Quinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1889

7. AGE: Years 46 | Months 11 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Dec. 1935

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia Pa.

FATHER

13. NAME: Unknown Quinn

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs. Clara Quinn 3601 N. 11 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Feb. 14, 1936

19. UNDERTAKER (ADDRESS): Suedmeyer & Son 3934 N. 20 St.

20. FILED FEB 13 1936, 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936, to Feb 11, 1936, I last saw alive on Feb 11, 1936. Death is said to have occurred on the date stated above, at 9:50 p.m.

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

	Date of onset
Bronchial Pneumonia	2/8/36
Other contributory causes of importance:	
Acute Myocarditis	2/10/36

Name of operation None Date of

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

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

Accident, suicide, or homicide? No 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) Stephen Vezeau, M. D.

(Address) 3202 Park