

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

**32662**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis, Missouri** of Street No. **City Hospital No. 1** Registered No. **8716**  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**Winifred Quinn**  
 (a) Residence, No. **1901 a North Grand** St. **111**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James Quinn**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **? Sept. 27 1894**  
 7. AGE YEARS **42** MONTHS **II** DAYS **18** If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **hwk at home**  
 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) **St. Louis, Missouri**

FATHER 13. NAME **Alexander Kelly**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **? Catherine O'Brien**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **? Ireland**

17. INFORMANT **Hosp. Info M. Kent** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** **Sept. 18 1937**

19. FUNERAL DIRECTOR **Cullinane Bros.** (ADDRESS) **1710 N. Grand**

20. FILED **J. Bredeck** (Address) **City Hospital No. 1**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/15/37** 19 .....

22. I HEREBY CERTIFY, That I attended deceased from **9/4/37** to **9/15/37**, 19 .....

I last saw him/her live on **9/15/37**, 19 .....

Death is said to have occurred on the date stated above, at **11.15 p**

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

*Carcinoma of Cervix  
 metastasis*

*Pulmonary Edema  
 Bilateral Kyphosis*

Other contributory causes of importance:  
*Pulmonary Edema  
 Bilateral Kyphosis*

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? .....  
 If so, specify .....

(Signed) *Glauderson*, M. D.  
 (Address) **City Hospital No. 1**

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.

OCCUPATION  
 5-8992

OCT 14 1937

SEP 17 1937

STATEMENT BY LICENSED EMBALMER

I, Fred Trick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Fred Trick  
Licensed Embalmer No. 3186

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**