

REC'D FEB 10 1939

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

844
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. 103 S. Channing Ave.

Registered No. 844

(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 500 Charles P. Quinn

(a) Residence, No. 103 S. Channing Ave. St. 18

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary B. Quinn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Brookhaven 1
(STATE OR COUNTRY) Mississippi

FATHER 13. NAME Charles P. Quinn 4

14. BIRTHPLACE (CITY OR TOWN) Unknown 1
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Mullins

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

17. INFORMANT Mary B. Quinn
(ADDRESS) 103 S. Channing Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan. 28 1939

19. FUNERAL DIRECTOR (NAME) Russell Undt. Co.
(ADDRESS) 2732 Pine Street

20. FILED JAN 27 1939 J. B. Bredbeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 21, 1938, to Jan 24, 1939
I last saw him alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 8:28 m. Jan 24 1939.
The principal cause of death and related causes of importance were as follows:

Chronic myocardial
acc to Jaffar &
Rheumatoid
Date of onset

Other contributory causes of importance: Rheumatoid

Name of operation None 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) C. J. Bredbeck, M. D.
(Address) 2529 Franklin

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.

Li.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Joel Russell

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No.

2115

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.