

13 MAR 1 3 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

4711
Do not use this space.

1404

1. PLACE OF DEATH

(a) County Registration District No. 1
(b) Township St. Louis
(c) City St. Louis (d) Street No. Jewish Hospital 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

(a) Residence, No. 228 N. Taylor St. 19 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE Wk
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1939

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

22. I HEREBY CERTIFY That I attended deceased from 19. 1935 Feb 12, 1939
I last saw him alive on Feb 12 1939 Death is said to have occurred on the date stated above, at 5:10 PM.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1912

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 - 7

Date of onset 1935
Hypertension
Cerebral Hemorrhage 2-12-39
Other contributory causes of importance: none

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.
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) Marceline Missouri

FATHER 13. NAME John Quinlan

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn.

MOTHER 15. MAIDEN NAME Margaret Sweeney

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio

17. INFORMANT (ADDRESS) Cecelia Quinlan 228 N. Taylor

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Feb. 14 1939
Cemetery

19. FUNERAL DIRECTOR (ADDRESS) Chas. E. Stuart 225 Union Bldg.

20. FILED FEB 13 1939 J.P. Brudeck Local Registrar

Name of operation none Date of operation
What test confirmed diagnosis? Was there an autopsy? no

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) P.D. Stahl, M. D.
(Address) 462 N. Taylor

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.

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,

....., or by

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

Signed *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937^a Gravois*

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.