

No. 2
-13-40
-17-39
I X23159

NOV 16 1940 791

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME Elizabeth Quinn

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, married, divorced, widowed

6. (b) Name of husband or wife Nathan Quin 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May 27, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

33	4	26	hr. min.
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9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {

12. Name Louis Victor

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Filby

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Quinn

(b) Address 9527 Milton, Overland, Mo.

17. (a) Burial (b) Date thereof 10/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 24 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 9527 Milton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1940 hour 12.15 A.M. minute M.

21. I hereby certify that I attended the deceased from OCTOBER 13th to October 23-1940
that I last saw him alive on October 23, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lymphatic Leukemia

Due to + 2 Mo's

Due to MAI

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury MS.

23. Signature Raymond F. Barnes (M. D. or other) MS.
Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

working under my personal supervision.

Registered Apprentice No.

Signed

Shirley Eynck

Licensed Embalmer No.

1284

P. O. Address

St. Louis Mo

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, fact should be so stated above.