

1-4-41
1-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13203**
Registrar's No. **3633**

MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **1719**
(d) Street No. **4049 Delmar** (If rural, give location) **4**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **A**

3. (a) PRINT FULL NAME

Annabelle Quinn

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **James P. Quinn** 6. (c) Age of husband or wife **50** years

7. Birth date of deceased **April 24, 1893**
(Month) (Day) (Year)

8. AGE: Years **48** Months **0** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **Chicago, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Hanson**

13. Birthplace **Denmark**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **James P. Quinn**

(b) Address **4049 Delmar**

17. (a) **Burial** (b) Date thereof **4-29-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sacred Heart Cemetery**
Cullinane Brother

18. (a) Signature of funeral director _____
(b) Address **1710 N. Grand**

19. (a) **APR 28 1941** (b) **J. H. Bredach**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**, year **1941** hour **2:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from **April 24**, 19**41** to **April 26**, 19**41**.

that I last saw her alive on **April 26**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Ovary with metastasis to liver, generalized Peritonitis**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **None**
Of autopsy **None**

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) _____ (b) Means of injury _____

23. Signature **James P. Quinn** M. D. registrar
Address **1515 Lafayette Avenue** Date signed **4/28/41**

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

MOTHER FATHER

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 *Fred Frick*.....

Licensed Embalmer No. 3186.....

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.