

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 6254

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
3629 Gasconade Street
(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 JAMES QUINLIVAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 9, 1859.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	5	19	hr. _____ min.

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation Retired-Police Sergeant

11. Industry or business St. Louis Police Dept.

12. Name Dont know

13. Birthplace Dont know (City, town, or county) (State or foreign country) 9

14. Maiden name Dont know

15. Birthplace Dont know (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. E. J. Quinlivan

(b) Address 3652 Giles Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John Beckman & Sons

(b) Address 2842 Meamec Street.

19. (a) JUL 30 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 13

(d) Street No. 3629 Gasconade Street (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28, year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1/14/41, 19____, to 7/28/41, 19____; that I last saw him alive on 7/28/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations 930

Of autopsy _____

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 _____

23. Signature Andrew H. Klain (M. D. or other) M.D.
Address 4632 So. Grand Date signed 7/29/41

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

17
9

100
17
13
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
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.