

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 112

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rock Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9320 Sutton /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James E. Quillen

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margarett Quillen 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct. 14, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Quillen

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

14. Maiden name Unknown

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

16. (a) Informant John Quillen

(b) Address 7512 Williams

17. (a) Burial (b) Date thereof 9-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) SEP - 8 1941 (b) E. R. Mc... (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96
(c) City or town Rock Hill 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 9320 Sutton
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day Sept
year 1941 hour 10 minute 43 A.M.

21. I hereby certify that I attended the deceased from Sept 2 1941

that I last saw him alive on Sept 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma Duration 3 days

Due to Carcinoma of bladder + prostate 1 year

Due to 52K

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature A. M. Kralch (M. D. or other) 0

Address 2704 Cass Date signed 9/8/41

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

2600

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..... *J. E. Burgess*
Licensed Embalmer No. *4029*
P. O. Address *Maplewood*

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.