

No. 2  
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5-17-39  
P-1 X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4831

State File No. \_\_\_\_\_

FILED MAR 17 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 1014

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

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:  
4863 Bessie Ave  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7000  
17

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

(d) Street No. 4863 Bessie Ave 9  
(If rural, give location) ( )

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward P. Quinn

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security 490-22-1769

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21st  
year 1942 hour 12 minute 45a M.

21. I hereby certify that I attended the deceased from Feb. 20, 1942  
19 \_\_\_\_\_ to Feb. 21, 1942  
that I last saw him alive on Feb. 21, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Walsh Quinn

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: July 12th 1874  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Coronary artery disease  
myocardial infarction  
Due to Coronary vascular disease

Duration 3 hours  
Several years

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John Quinn

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

14. Maiden name Maria Carroll

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Quinn

(b) Address 4863 Bessie Ave

17. (a) Burial (b) Date thereof 2-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvarym

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

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? \_\_\_\_\_

19. (a) FEB 22 1942 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature John J. Lott, M.D. (M. D. or other) \_\_\_\_\_

Address 4703 Kates Ave. Date signed 2-21-42

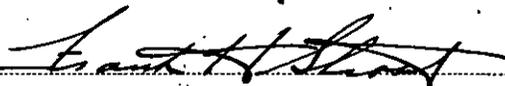
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**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 2265

P. O. Address .....

**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.**