

FILED OCT 14 1942

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8121**

1. PLACE OF DEATH:

(a) County **5800 Arsenal St**
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **City Infirmery 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Five Yrs 26 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, Mo.** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **5800 Arsenal St.** (If rural, give location) **9/3**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **28**
year **1942** hour **9** minute **50 A.M.**
21. I hereby certify that I attended the deceased from **September**
2 19**37** to **September 28**, 19**42**
that I last saw him alive on **Sept 28**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**
Regenerative vascular disease

Duration

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

PHYSICIAN

Major findings: **Encephalomalacia**
Of operation **Amoebic**
Of autopsy **abdominal aorta non-syphilitic**
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 **Loren J. Blaney** (M. D. or other) **MD**
Address **5600 Arsenal** Date signed **9-29-42**

3. (a) PRINT FULL NAME **John Quann**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Male 0** 5. Color or race **White 0** 6. (a) Single, widowed, married, divorced **Single 0**

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

7. Birth date of deceased **Jan. 15, 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 13 hr. min.

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

10. Usual occupation **Live Stock Buyer**

11. Industry or business _____

12. Name **Pierce**

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

14. Maiden name **Johanna Mehan**

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

16. (a) Informant **M. Geasland**

(b) Address **5800 Arsenal St.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **10-1-42** (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **Bullen + Kelly**

(b) Address **1416 Dr. Taylor aut.**

19. (a) **OCT 1 1942** (Date received local registrar) (b) **J.P. Predeck** (Registrar's signature)

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.....

Harry E. Jolley
Licensed Embalmer No. *4078*

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.