7. S. No. 2
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I X92873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8698

State File No.

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 2338

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: DE PAUL HOSPITAL O
(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: 96

(a) State Missouri (b) County 2

(c) City or town UNIVERSITY CITY 5 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 8115 DELMAR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME FRANCES J. QUINN

3. (b) If veteran, name war

3. (c) Social Security No. NIL

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN 4 1872 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name THOS QUINN 4
13. Birthplace (City, town, or county) SCOTLAND (State or foreign country)

MOTHER
14. Maiden name MARGARET QUINN 4
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant MARY A QUINN
(b) Address 8115 DELMAR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE

18. (a) Signature of funeral director EDITH EAMBRUSTER
(b) Address 4234 MANCHESTER

19. (a) MAR 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8
year 1943 hour 7 45 P.M. minute M.

21. I hereby certify that I attended the deceased from 11 23, 1942 to March 8, 1943
that I last saw her alive on March 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Acute Suppurative Arthritis 13 days

Due to Left Knee

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature L. Hayden (M. D. or other) MD

Address 5899 Delmar Date signed 3/9/43

(Licensed Embalmer's Statement on Reverse Side)

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. 1284

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.