. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43737

State File No.

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2981

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town CLAYTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 421 CARSWOLD DRIVE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ST. LOUIS
(c) City or town CLAYTON (If outside city or town limits, write "RURAL")
(d) Street No. 421 CARSWOLD DRIVE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES JOS. QUINN
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 MARRIED
6. (b) Name of husband or wife CLARA MALVIN QUINN
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased JANUARY (Month) 18 (Day) 1876 (Year)

8. AGE: Years 67 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) MO. (State or foreign country)
10. Usual occupation REAL ESTATE (RETIRED)
11. Industry or business

MOTHER FATHER
12. Name MICHAEL QUINN
13. Birthplace Unknown (City, town, or county) IRELAND (State or foreign country)
14. Maiden name ELIZABETH McCORMACK
15. Birthplace Unknown (City, town, or county) CONN. (State or foreign country)

16. (a) Informant CLARA QUINN
(b) Address 421 CARSWOLD DRIVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director P. Mullen Und. Dir.
(b) Address 5165 Delmar Bl.
19. (a) JAN 3 - 1944 (Date received local registrar) (b) E. H. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1943 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 17, 1943, to DEC 30, 1943 that I last saw him alive on DEC 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis (with acute feature)	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy — 93d

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 E. J. Davaney (M. D. or other)
Address 607 N. Grand Date signed 12-31-43

(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. H. G. Farris

Licensed Embalmer No. 3384

P. O. Address. St Louis

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.