

No. 2  
5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 865  
Registrar's No. 1112

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
4944 Blow St.  
(d) Length of stay: In hospital or institution Life.  
In this community Life.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 4944 Blow St.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Mary Young Quirin  
3. (b) If veteran, name war No.  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 2nd  
year 1944 hour 10 minute 21 A. M.  
21. I hereby certify that I attended the deceased from  
Jan. 20, 1944 to Feb 2, 1944  
that I last saw her alive on Feb. 2, 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 14th, 1865

Immediate cause of death acute myocardial infarction 1 day  
Due to Partial Paralysis (rt.) 7 days  
Due to Broncho-pneumonia 10 days  
Other conditions:  
Major findings:  
Of operations  
Of autopsy

8. AGE: Years Months Days If less than one day  
78 6 18 hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Mathias Young  
13. Birthplace Europe  
14. Maiden name Mary McCarthy  
15. Birthplace Ireland

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant John G. Quirin  
(b) Address 4944 Blow St.

17. (a) Burial (b) Date thereof 2/5/44  
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director John J. Brudach  
(b) Address 7027 Gravois Ave.

19. (a) Date received local certificate FEB 4 1944 (b) Registrar's signature J. F. Brudach

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Leo P. Young  
Address 2621 S. Jefferson Date signed 2/3/44

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.....

*G. P. Kidwell*

Licensed Embalmer No. ....

*3877*

P. O. Address .....

*7027 Travis*

**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.**