

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

1. PLACE OF DEATH:

(a) County St. Louis mo.
 (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: Park Lane Mem. Hosp. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community Three weeks
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Joe G. Quinn
 3. (b) If veteran, name war No
 3. (c) Social Security No. _____

4. Sex male 5. Color or race YELLOW 4 Chinese
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Vernee Quinn 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased July 5 1902.
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 6
If less than one day hr. min.

9. Birthplace San Francisco California
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Keeper

11. Industry or business Chinese Restaurant

12. Name Sit Young Quinn

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

14. Maiden name Quinn

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

16. (a) Informant Mr. T. J. Kemp

(b) Address 4503 Washington St.

17. (a) Burial (b) Date thereof July 14 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Chas. A. Buel

(b) Address 4557 Washington St.

19. (a) FEB 13 1944 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 621
 (d) Street No. 2770 Franklin av.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
 year 1944 hour 8:30 minute 20 M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to Feb. 11 1945
 that I last saw him alive on Feb 11 1945
 and that death occurred on the date and hour stated above

Immediate cause of death Septic Ulcer (Cancer)
 Duration 3 hrs

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

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. J. Kemp (M. D. or other) _____
 address 4503 Washington St. Date signed 7/12/44

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 *John Ketter*

Licensed Embalmer No. *3880*

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.