

FILED FEB 16 1945 318
Registration District No.

Primary Registration District No. 1003

State File No. 1179
Registrar's No.

1. PLACE OF DEATH: 7

(a) County _____

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

(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County St. Clair

(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1255a Kansas Ave.
(If rural, give location) N.R.

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Baby Charley John Quinn

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1945 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-1-45 to 2-1-45, 1945; that I last saw him alive on 2-1-45 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased: 2 (Month) 1 (Day) 45 (Year)

Immediate cause of death
Prolonged second stage of labor and toxemia of pregnancy
Due to toxic mother

Duration 1 day

8. AGE: Years _____ Months _____ Days 5 hours If less than one day 5 hr. 30 min.

9. Birthplace St. Louis Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER, FATHER { 12. Name Carl J. Quinn

{ 13. Birthplace Hines CO. Miss. 1
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eldora Johnson

{ 15. Birthplace Morehead Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant C. J. Quinn

(b) Address 1255 Kan. Ave.

17. (a) Removal (b) Date thereof 2-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Booker Washington

18. (a) Signature of funeral director C. J. Nash

(b) Address 111 N. 13th St.

19. (a) FEB 6 1945 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 307

Major findings: _____
Of operations _____
Of autopsy _____

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 0

23. Signature John Quinn (M. D. or other) M.D.
Address 431 E. Kings Edward Date signed 2-3-45

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

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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address. 1112 1/2 St

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.