

FILED FEB 27 1946

Registration District No. 3727 Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis County Pine Lawn
 (c) Name of hospital or institution:
Shamrock Rest Home 4
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Louis 96
 (c) City or town St. Louis County Pine Lawn
 (d) Street No. 3709 Manola Ave
 (e) Citizen of foreign country? _____
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 16
 year 1946 hour 5.55 AM minute _____ M.
 21. I hereby certify that I attended the deceased from February 1
 1946 to February 16 1946
 that I last saw her alive on Feb 15 1946
 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 Single
 7. Birth date of deceased Oct 2 1857
 (Month) (Day) (Year)

Immediate cause of death
Broncho pneumonia
 Due to Cerebral hemorrhage
Arteriosclerosis and hypertension
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
89 4 4 hr. _____ min.

9. Birthplace Albany New York
 (City, town, or county) (State or foreign country)
 10. Usual occupation Seamstress Retired 15 Yrs

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business Self
 12. Name Thomas Quinn
 13. Birthplace Ireland
 14. Maiden name Bridget Swift
 15. Birthplace Ireland

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

16. (a) Informant Florence Quinn
 (b) Address 6832 Fyler Ave
 17. (a) Burial (b) Date thereof 2 18 46
 (c) Place: burial or cremation Sunset Burial Park
 18. (a) Signature of funeral director Kriegshauser
 (b) Address 4228 So. Kingshighway
 19. (a) 2-21-46 (b) Ed McCaran
 (Date received local registrar) (Registrar's signature)

23. Signature Levis Litzmann (M. D. or other) _____
 Address 8231 Clayton Road Date signed 2/17/46

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 *Edwin M. Derwath*

Licensed Embalmer No. *3024*

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.