

FILED JUN 10 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1195

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: O'Sullivan Home
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. O'Sullivan Home
(If rural, give location)

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

3. (a) PRINT FULL NAME Hannah Quinn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May 2 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 26
If less than one day hr. min.

9. Birthplace Findley Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Moore

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

14. Maiden name Amanda Whitney

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

16. (a) Informant Lillian May Harvey

(b) Address 3341 Chaucer Ave Overland

17. (a) Burial (b) Date thereof 5-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Baumann Brothers Inc

(b) Address 2504-Woodson Rd Overland

19. (a) 6-3-46 (b) E. S. Mc Davran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1946 hour 11:25 minute P M.

21. I hereby certify that I attended the deceased from February 1 1946 to May 28 1946
that I last saw her alive on May 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct
Coronary occlusion Duration 2 hrs

Due to Arteriosclerotic myocardites and Mitral regurgitation 3 yrs

Due to arteriosclerosis generalised 93

Other conditions Deafness 2
(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 0

23. Signature Lewis Littman (M. D. or other) MD
Address 8231 Clayton Rd, St. Louis 17 Date signed 5/30/46

7501 Cromwell
Pr 3744

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..... *Harold F. Brand*

Licensed Embalmer No. *4337*

P. O. Address..... *Overland*

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.