

FILED JUN 24 1948

State File No. _____
Registrar's No. 1306

Registration District No. 317 Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank J Quinn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 55 yrs. years

7. Birth date of deceased March 2 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Attorney At Law

11. Industry or business _____

MOTHER FATHER

12. Name John Quinn

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

14. Maiden name Maria Carroll

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

16. (a) Informant Lee Quinn

(b) Address 4709 Anderson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd

19. (a) 6-18-46 (Date received local registrar) (b) E D McSweeney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 7417 Richmond Pl.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th.
year 1946 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death self-inflicted gun shot wound of right side of neck and head. Duration _____

Due to _____

Due to 164-c

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

Major findings:
Of operations _____

XXXXX

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) Suicide

(b) Date of occurrence June 17, 1946

(c) Where did injury occur? Maplewood, Mo.
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury Gunshot wound

Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 6/18/46

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

JUL 10 1946

SEP 1 1946

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.....

Edna R. Padwell

Licensed Embalmer No..... 4077

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.