

FILED OCT 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. **33097**Registration District No. **77**Primary Registration District No. **3016**Registrar's No. **233**

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1204 W. Mc Carty St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 11 yrs. years, months or days)
years, months or days)

3. (a) PRINT FULL NAME Anna Marie Quinn

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Merdith M. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 18, 1883
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 16 If less than one day
hr. min.

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Charles Knacal 6
 13. Birthplace Russia
(City, town, or county) (State or foreign country)
 14. Maiden name Kate Schmidt
 15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Hudson(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 10/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery(a) Signature of funeral director Walter Breacher(b) Address Jefferson City, Mo.

19. (a) 10-5-46 (b) R. P. Davis M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
 (d) Street No. 1204 W. Mc Carty 4
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 4th
 year 1946 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from July 4
1946, to Oct 3 1946
 that I last saw her alive on Oct. 3 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Arteriosclerotic Heart Disease 2-5 years

Due to Degenerative changes of senility

Due to _____

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

Major findings:
 Of operations _____

Of autopsy none 93D

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 W. Donald Shull (M. D. or other) M.D.
 Address 229 1/2 E. High St. Jefferson City, Mo. Date signed Oct 5-46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-9-46

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

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.