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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11417  
Registrar's No. 2817

FILED MAR 31 1947  
318

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3619 Shennadoah  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Molly Quinn  
(b) If veteran, name war --  
(c) Social Security No. None  
4. Sex Female 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Sep.  
(b) Name of husband or wife William Quinn  
(c) Age of husband or wife if alive..... years  
7. Birth date of deceased Nov. 27 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 3 16 hr. min.

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

10. Usual occupation Domestic

11. Industry or business --

MOTHER FATHER  
12. Name S. Hill  
13. Birthplace Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name H. Johnson  
15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Graham  
(b) Address 4232 W. Garfield

17. (a) Burial (b) Date thereof 3-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Ave.

19. (a) MAR 17 1947 (b) J. F. Bredisch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13  
year 1947 hour 9 minute 22 P.M.

21. I hereby certify that I attended the deceased from  
Mar. 11 19 47 to Mar. 13 19 47;  
that I last saw her alive on Mar. 13 19 47;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
Duration Undet.

Due to Hb  
Due to

Other conditions Carcinoma of Stomach Undet.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy Yes  
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 Cressard G. Hancock (M. D. or other)  
Address 2601 N Whittier Date signed 3/15/47

**STATEMENT BY LICENSED EMBALMER**

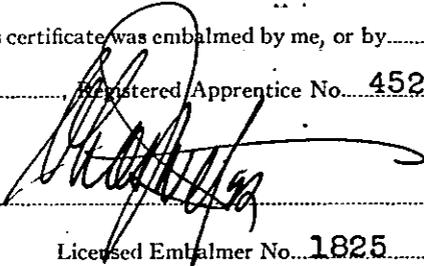
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John K. Cunningham

Registered Apprentice No. 452

working under my personal supervision.

Signed.....

  
Licensed Embalmer No. 1825

P. O. Address. 4107 Finney Avenue

**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.**