No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15982

Registration District No. FILED MAY 14 1947 BY

Primary Registration District No. 6076

Registrar's No. 970

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 2906 Carson Road
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2906 Carson Road 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Timothy Quinn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1871 (Year)

8. AGE: Years 75 Months 8 Days 26 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Robert Short
13. Birthplace Unknown (City, town, or country) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Maryet Conley
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Margaret Rosenthal
(b) Address 8757 Brentwood Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Borromeo Cem. St. Charles
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.
19. (a) 5-2-47 (Date received by local registrar) (b) Cecil E. Sharpe M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29th year 1947 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to 200	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Cecil E. Sharpe M.D. (Medical Examiner)
Address Commissioner of Health Date signed 4-30-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

3-47

MAY 15 1947

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.