FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1947

Registration District No. 19

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 22873

Registrar's No. 1414

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital
(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 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6380 Alamo Ave. 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Florence Anna Quinn

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Quinn

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August (Month) 4 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	10	25	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James Myers
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Charles Quinn
(b) Address 6380 Alama Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 7-3-47 (Date received local registrar) Carl A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 17th, 1947 to June 29, 1947
that I last saw her alive on June 28, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain Tumor, right frontal	1 year
Due to Haemeplegiae, left. 56 d	
Due to Auricullar Fibrulation	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no.
(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 [signature] (M. D. or other) M.D.
Address 634 N. Grand Date signed 6/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 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.....

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

working under my personal supervision.

Signed Henry M. Bramme

Licensed Embalmer No. 14200

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.