S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29416

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7765

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Christian 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 Mo (b) County St. Louis 76
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6623 Washington 5
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Viola C. Quinn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July (Month) 6 (Day) 1887 (Year)

8. AGE: Years 60 Months 0 Days ~~28~~ 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Thomas J. Kelly
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Farrell
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant James F. Quinn
(b) Address 6623 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd
19. (a) AUG 15 1947 (Date filed by local registrar) (b) J. F. Brescoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1947 hour 9:45 minute A. M.
21. I hereby certify that I attended the deceased from June 26, 1947 to Aug 14, 1947 that I last saw her alive on Aug 5 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 [signature] (M. D. or other) M.D.
Address [signature] Date signed Aug 15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

[illegible] N. Warner
Paul Brown Bldg.

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 [illegible] W Wilkinson

Licensed Embalmer No. 3575

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.