S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36172

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10200

WRITE PLAINLY—USING 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: O
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2908a Lucas 9
21 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ollie Quinney
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Thomas Quinney
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Mar. 17, 1906 (Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Victoria (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name UNK
13. Birthplace UNK (City, town, or county) UNK 9 (State or foreign country)

MOTHER
14. Maiden name UNK
15. Birthplace UNK (City, town, or county) UNK 9 (State or foreign country)

16. (a) Informant Thomas Quinney
(b) Address 2908 Lucas Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Holly Springs Miss
18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas Ave
19. (a) NOV 4 1947 (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1947 hour 1 minute 40 A M.

21. I hereby certify that I attended the deceased from Oct. 27 1947 to Nov. 1 1947
that I last saw her alive on Nov. 1 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 O

23. Signature Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 10/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

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.