. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948
Registration District No. 3/7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3559
Primary Registration District No. 6076
Registrar's No. 268

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4125a Prairie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME QUINN, William P.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 488-28-2590
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Quinn
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. (Month) 30 (Day) 1895 (Year)

8. AGE: Years 53 Months 1 Days 24 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Sign poster
11. Industry or business –
FATHER
12. Name FRANK QUINN
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
MOTHER
14. Maiden name CATHERINE CONWAY
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
16. (a) Informant Registrar – VAH Jefferson Brks., Mo.
(b) Address Veterans Administration Hospital
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Stroot-Carroll Fun. Home
(b) Address 4600 Nat. Bridge., St. Louis, Mo.
19. (a) 1-27-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 24, year 1948 hour 4 minute 35 p.m.
21. I hereby certify that I attended the deceased from January 24, 1948 to January 24, 1948 that I last saw him alive on January 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE, SECONDARY	
TO HYPERTENSION	Unk
Due to	
Due to	
Other conditions (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) None
(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 L. E. STILWELL (M. D. or other)
Address VAH, Jefferson Barracks, Mo. Date signed 1/26/48

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

FEB 9 1948

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 Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, Mo.

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.