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. 6904

FILED FEB 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1296

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: Missouri Baptist Hosp
(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 ORO
(c) City or town University City St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6623 Washington 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James J. Quinn
3. (b) If veteran, name war
3. (c) Social Security No. 497-07-4836
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Viola
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 31 (Day) 1883 (Year)

8. AGE: Years 64 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Scotland 4 (State or foreign country)
10. Usual occupation Elivator Mechanic 1
11. Industry or business Otis Elavator
12. Name James Quinn 1
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
14. Maiden name Mary Mc Nellis 1
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant James T. Quinn 1
(b) Address 2703 Tennyson Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary
18. (a) Signature of funeral director Chas F. Stuart
(b) Address 225 Union Blvd
19. (a) FEB 7 1948 (Date received local registrar) J. F. Bieseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1948 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 13, 1948 to Feb. 5, 1948; that I last saw him alive on Feb. 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	1 yr.
Due to Coronary sclerosis	19 mo.
Due to	
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 0

23. Signature Grace E. Bergner, (M. D. or other)
Address 114 N. Taylor Ave. Date signed 2-6-48

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 G 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.