

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25197

#97925

318

1003

State File No.

6002

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. CITY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 17

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.

d. STREET ADDRESS 2335 ANN AV. 0

3. NAME OF DECEASED
a. (First) CYRIL b. (Middle) PATRICK c. (Last) QUIRK

4. DATE OF DEATH (Month) (Day) (Year)
July 8th, 1949

5. SEX M. ()

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH Oct 5 - 1900

9. AGE (In years last birthday) 48 YR

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
HANNIBAL, Mo. 0

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
PATRICK QUIRK

13b. MOTHER'S MAIDEN NAME
ROSE HAYES

13c. NAME OF MARRIED OR WIFE
ALICE QUIRK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mar Alice Quirk 2335 ANN AV.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage, rt.

INTERVAL BETWEEN ONSET AND DEATH
4 hrs.

* This does not mean immediate cause of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis Mo. 0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
331X

22. I hereby certify that I attended the deceased from 7/8/49, 1949, to 7/8/49, 1949, that I last saw the deceased alive on 7/8/49, 1949, and that death occurred at 11:15am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Paul M. Corbitt M.D.

23b. ADDRESS
1515 Lafayette Ave.,

23c. DATE SIGNED
7/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
JULY 11 - 49

24c. NAME OF CEMETERY OR CREMATORY
CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State)
ST. LOUIS, Mo.

DATE REC'D BY LOCAL REG.
JUL 9 1949

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
E. J. Schurer 3125 Lafayette Av.

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

Can't find...

Prise

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Joseph B. Volkmer*

Licensed Embalmer No. *21074*

P. O. Address *3125 Lafayette St*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 25198-49

State of Mo
City of St Louis ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6002

On this 28 day of JULY, 1949, before me appears E. J. SCHMUR, who, upon HER oath, states that the original record of ~~birth~~ death for PATRICK QUIRK, died 7-8-^{born} 1949, in the State of Missouri, and which was filed at St Louis on 1949, should be corrected as follows:

Item No. 2 should read CYRIL P. QUIRK

Instead of PATRICK QUIRK

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. J. Schmur UNDERTAKER
Relationship.

3125 LAFAYETTE
Present Address.

Subscribed and sworn to before me this 28 day of JULY, 1949

My Commission expires 12-6-52 Bernard J. Johnson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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