

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **39184**

BIRTH NO. **76530-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10310**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>150</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 07</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>520 Chestnut 1</b>		d. STREET ADDRESS (If rural, give location) <b>25-520 Chestnut 0</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Baby</b> b. (Middle) <b>Quinn</b> c. (Last) <b>Quinn</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>11-13-49</b>		
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>11</b>	<b>8. DATE OF BIRTH</b> <b>11-16-49</b>	<b>9. AGE</b> (In years last birthday) <b>4</b>	<b>IF UNDER 1 YEAR</b> Months <b>13</b> Days <b>20</b>
<b>10a. USUAL OCCUPATION</b> (What kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Mo</b>	
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Betty Lou Quinn</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>U.S.A.</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>[Signature]</b>		<b>ADDRESS</b>
---	--------------------------------	---	--	----------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Prematurity</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>159</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>776X</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:50 A.M.**, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>[Signature]</b>	<b>23b. ADDRESS</b> <b>1300 Clark</b>	<b>23c. DATE SIGNED</b> <b>11/23/49</b>
<b>24a. BURIAL: CREMATION/REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>NOV 30 1949</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>
<b>24d. LOCATION</b> (City, town; or county) (State)		

<b>DATE REC'D BY LOCAL REG.</b> <b>NOV 30 1949</b>	<b>REGISTRAR'S SIGNATURE</b> <b>[Signature]</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>[Signature]</b>	<b>ADDRESS</b> <b>Rowland Mercury Service Inc. 4104 Manchester Ave. - St. Louis 10, Mo.</b>
--	---	--	---

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

300  
48  
19

---

---

**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.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.