

STANDARD CERTIFICATE OF DEATH

42874
 State File No. 10765

FILED DEC 27 1949

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10765

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Mo		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) 4 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5924 NASHVILLE		d. STREET ADDRESS (If rural, give location) 5924 NASHVILLE			
3. NAME OF DECEASED (Type or Print) JAMES		a. (First)		b. (Middle) V.	
		c. (Last) QUINLAN		4. DATE OF DEATH (Month) (Day) (Year) DEC 12 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH MARCH 10, 1927		9. AGE (In years last birthday) 22		10. IF UNDER 1 YEAR (Hours) (Days) (Mins.) IF UNDER 2 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL CLERK		10b. KIND OF BUSINESS OR INDUSTRY U.S. POST OFFICE		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN QUINLAN		13b. MOTHER'S MAIDEN NAME GRACE KINEALY	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME John Quinlan		ADDRESS 5924 NASHVILLE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Endocarditis			INTERVAL BETWEEN ONSET AND DEATH Sudden
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from Jun 16, 1949, to Dec 12, 1949, that I last saw the deceased alive on Dec 12, 1949, and that death occurred at 4:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Harry A. Meyer, M.D.		(Degree or title)		23b. ADDRESS 4903 Delmo	
23c. DATE SIGNED 12/14/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-15-49	
24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) ST. LOUIS		(State) Mo	
DATE REC'D BY LOCAL REGISTRY DEC 14 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly	
		ADDRESS 4386 LINDELL BLVD			

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

*James
Green*

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 *James A. Lammer*

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.