

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31867  
8153

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE M.O. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 4068 CONNECTICUT ST. B		d. STREET ADDRESS (If rural, give location) 3516 GRACE AV.	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) W. c. (Last) QUINN		4. DATE OF DEATH (Month) (Day) (Year) SEPT 25-50	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 27-1908
9. AGE (In years last birthday) 42 YRS		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAVEFEUR		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES S. QUINN		13b. MOTHER'S MAIDEN NAME THERESA O' HALLORAN	
13c. NAME OF HUSBAND OR WIFE RUTH QUINN		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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Quinn		ADDRESS 3516 GRACE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of esophagus.</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Gastrostomy</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>Cancer of esophagus - Gastrostomy tube</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>150X</u>	

22. I hereby certify that I attended the deceased from 7-20, 1950, to 9-25, 1950, that I last saw the deceased alive on 9-25, 1950, and that death occurred at 10:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Berym</u>		23b. ADDRESS <u>32036 Grand City</u>		23c. DATE SIGNED <u>9-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. SEP 27 1950		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u>
				ADDRESS <u>3125 Lafayette</u>

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

*shulz*

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Geo B Vollmer*

Licensed Embalmer No. *4914*

P. O. Address *3125 Forest Ave*

**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.