No. 300
10-48

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39308

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2685

1007

1. PLACE OF DEATH

a. COUNTY: ST LOUIS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES

c. LENGTH OF STAY (In this place): 27 YRS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 224 CHESTNUT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MO

b. COUNTY: ST LOUIS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 61 WEBSTER GROVES 4007

d. STREET ADDRESS (If rural, give location): 224 CHESTNUT

3. NAME OF DECEASED (Type or Print)

a. (First): ETHEL

b. (Middle): LILLIAN

c. (Last): QUINN

4. DATE OF DEATH (Month) (Day) (Year): NOV 6 1950

5. SEX: F

6. COLOR OR RACE: W

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

8. DATE OF BIRTH: SEPT-16-1900

9. AGE (In years last birthday): 50

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): ST LOUIS

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: H. F. BOHN

13b. MOTHER'S MAIDEN NAME: ANNA ADAMS

14. NAME OF HUSBAND OR WIFE: BERNARD QUINN

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

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: Bernard Quinn

ADDRESS: 224 Chestnut

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of the Liver

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

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

DUE TO (b): Hyper tension

DUE TO (c): Myocarditis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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)

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

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

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* Nov 6, 1950, *that I last saw the deceased alive on* Nov 6, 1950 *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl C Irick O.M.D.

23b. ADDRESS: Webster Groves Mo

23c. DATE SIGNED: 11-7-50

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

24b. DATE: 11-8-1950

24c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY

24d. LOCATION (City, town, or county): KIRKWOOD (State): MO.

DATE REC'D BY LOCAL REG.: 11-7-50

REGISTRAR'S SIGNATURE: H R Domke M.D./mb.

25. FUNERAL DIRECTOR'S SIGNATURE: Parker Funeral Home

ADDRESS: Web. Groves Mo

(Licensed Embalmer's Statement on Reverse Side)

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

p 13 #2 . US Instruction Manual

Part 11 Feb. 1950

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Aylesbury Grove

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.