

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10892

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 2063 Registrar's No. 825

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b> <b>4324</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>6608 Bartmer Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Michael</b>	a. (First)	b. (Middle)	c. (Last) <b>QUINN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 29 51</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>unknown</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ireland</b> <b>4</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Tom Quinn</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Ellen Quinn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>491-12-6733</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jos. C. Quinn</b> ADDRESS <b>6608 Bartmer</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3-28-51</b> <b>3-29-51</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b> cerebrovascular hemorrhage</b>		
	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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (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 **3-28, 1951, to 3-29, 1951**, that I last saw the deceased alive on **3-29, 1951**, and that death occurred at **9:43 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE* <b>Herman C. Ross</b> (Degree or title) <b>D.M.D.</b>	23b. ADDRESS <b>601 S. Brentwood Clayton</b>	23c. DATE SIGNED <b>3-30-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-2-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/30/51</b>	REGISTRAR'S SIGNATURE <b>Hubert P. Donke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b> ADDRESS <b>1125 Hodiamont</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

*Wm S. Halpern*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by *me*

working under my personal supervision.

Student Embalmer

Signed

*Wm S. Halpern*

Signed.....  
Student Embalmer

Licensed Embalmer

*W. S. Halpern*

P. O. Address

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.