

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41064

State File No.

FILED DEC 6 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2972

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Berkley</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Berkley</u>	
c. LENGTH OF STAY (In this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>6728 Thurston Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6728 Thurston Drive</u>		e. STREET ADDRESS (If rural, give location) <u>6728 Thurston Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph M.</u> b. (Middle) <u>Michael</u> c. (Last) <u>Quinn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Last birthday) (Month) (Day) (Year) <u>August 3, 1918 33 3</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traffic Manager</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Krey Packing</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traffic Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Krey Packing</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph F. Quinn</u>		13b. MOTHER'S MAIDEN NAME <u>Regina Mahan</u>	
14. NAME OF HUSBAND OR WIFE <u>Nancy (Troll) Quinn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. No 2</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph F. Quinn</u> ADDRESS <u>1389 N Union</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown causes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>	
ANTECEDENT CAUSES			
DUE TO (b) <u>7955</u>			
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 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>Local Registrar</u>		23b. ADDRESS <u>651 S. Brentwood Blvd.</u>	
23c. DATE SIGNED <u>11-28-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 21. 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-20-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domke - M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph F. Quinn</u> ADDRESS <u>1389 N Union</u>			

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

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 Ben G. Brown

Licensed Embalmer No. 4366

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.