

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7863**
1997

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (If in this place) 2 1/2 MO	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2129		
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE SISTERS OF THE POOR			d. STREET ADDRESS (If rural, give location) 5527 WATERMAN AVE		
3. NAME OF DECEASED (First) JAMES		b. (Middle) HENRY		c. (Last) QUINN	
4. DATE OF DEATH 2-18-53		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH JAN 27, 1899		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR		11. BIRTHPLACE (State or foreign country) ALTON, ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME PATRICK QUINN		13b. MOTHER'S MAIDEN NAME MARY E. HATHAN	
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 Ann M. Quinn		ADDRESS 5527 Waterman Ave		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.	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 Weeks		
ANTECEDENT CAUSES			DUE TO (b) Arterio-sclerosis 5 yrs		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Ca. stomach 6 mo		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 151X	
22. I hereby certify that I attended the deceased from Dec 19 1952 to Feb 18 1953 , that I last saw the deceased alive on Feb 11 1953 and that death occurred at 2:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edw. P. Quinn M.D.		23b. ADDRESS 607 No. Grand		23c. DATE SIGNED 2/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-20-53		24c. NAME OF CEMETERY OR CREMATORY ST PATRICKS	
24d. LOCATION (City, town, or county) (State) ALTON ILL.		25. FUNERAL DIRECTOR'S SIGNATURE W. G. Carson		ADDRESS Alton Ill.	
DATE REC'D BY LOCAL REG. FEB 20 1953		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. G. Carson	

20-11-2

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 O. Carson Linn

Licensed Embalmer No. E 5796

P. O. Address Altam Ill.

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.