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

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37828

BIRTH NO. 75531 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2739

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY OR TOWN [redacted]

c. LENGTH OF STAY (in this place) 16 Hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's

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

a. STATE Missouri

b. COUNTY St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webster Groves

d. STREET ADDRESS (If rural, give location) 670 Forest Av

3. NAME OF DECEASED (Type or Print)

a. (First) Infant

b. (Middle)

c. (Last) Quinn

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH 10-21-53

9. AGE (In years last birthday) | If under 1 year: Months | Days | If under 24 hrs.: Hours 16 | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) Clayton Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Lemmie A. Quinn

13b. MOTHER'S MAIDEN NAME Sarah Varnadoe

14. NAME OF HUSBAND OR WIFE --- None

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. - NONE

17. INFORMANT'S SIGNATURE OR NAME L.A. Quinn **ADDRESS** 670 Forest Web. Gro. Mo

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) Premature — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) (Incompatible with life) — 16 hrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 776X

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* 10/21, 19__, *to* 10/22, 19__, *that I last saw the deceased alive on* 10/22, 19__, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS 2816 Sutton.

23c. DATE SIGNED 10/23/53

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

24b. DATE 10-23-53

24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.

24d. LOCATION (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. 10/23/53

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home **ADDRESS** 1926 Allen Av

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalm

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Reinhold K. Lohma

Licensed Embalmer No. 3395

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.