Health, Welfare Public Service

300 1-56

FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34011

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8161

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Kirkwood 4003 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 05 Bethesda Hosp. — Length of stay in 1b 1 Wk.	d. STREET ADDRESS (If outside, give location) 27 790 Gabriel Ct. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Abram	Middle: T.	Last: Quinn
4. DATE OF DEATH	Month: Aug.	Day: 31,	Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Oct. 18, 1870
9. AGE (In years last birthday): 86	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): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Physician	11. BIRTHPLACE (City and state or country): Columbia, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Malcom G. Quinn		14. MOTHER'S MAIDEN NAME: Kathryn Turner	
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: Mrs. Evelyn Courson — Address: Kirkwood 790 Gabriel Ct.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio-Sclerosis Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) 450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2-16-57

20f. CITY, TOWN, OR LOCATION 8-31-57 COUNTY STATE

21. I attended the deceased from Feb 16-1957 to August 31 and last saw her/him alive on August 31/57. Death occurred at 1135 PM 11:35 P.M. in on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter Hewitt (Degree or title) M.D. Walter R Hewitt MD

22b. ADDRESS 7649 Delmar 7649 Delmar

22c. DATE SIGNED Sept 1/1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 9-3-57	23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR: Mittelberg Funeral Home — ADDRESS: Webster Groves, Mo.	25. DATE RECD. BY LOCAL REG.: SEP 3 '57	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MD	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Elton R. & Remelius

Licensed Embalmer No. 42

P. O. Address St. Lou

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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