Dept. Health, Edu., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42482 11404

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 01 911a Goodfellow — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 911a Goodfellow — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Joseph Middle: Arnold Last: Quinn
4. DATE OF DEATH: Month November Day 25, Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 13,1896
9. AGE (In years last birthday): 61 — 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 Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Auto Parts
11. BIRTHPLACE (City and state or country): Clinton, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: James T.Quinn
13b. MOTHER'S MAIDEN NAME: Sara Cunningham
14. NAME OF HUSBAND OR WIFE: Marie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 486-28-1173
17. INFORMANT: Marie Quinn, Address: 911a Goodfellow

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: acute coronary-sudden
IMMEDIATE CAUSE (a) Acute coronary -sudden
Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — Weeks
general arteriosclerosis
DUE TO (c) General arteriosclerosis — 10 years +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 11-23-57 to 11-25-57 and last saw her/him alive on 11-23-57
Death occurred at 4:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J.Fred W. Clark (Degree or title) MD.
22b. ADDRESS 864 Hamilton Blvd St.Louis 12 Mo
22c. DATE SIGNED 11-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-27-57
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — LOCATION (City, town, or county): St.Louis, Mo. (State)
24. FUNERAL DIRECTOR: Albert H.Hoppe, ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: NOV 27 57
26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Mr Taylor, St Louis City Comm called and will get certificate
[illegible]

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 .....
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington St. Louis, Mo

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

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