

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038130

STATE FILE NUMBER

10444

NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar No. 10444

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		d. STREET ADDRESS (If outside, give location) 6983 Hillsland	
3. NAME OF DECEASED (Type or print) First MARY Middle T. Last QUINN		4. DATE OF DEATH Month Day Year Oct. 29 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Lacona, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bernard Renne	
13b. MOTHER'S MAIDEN NAME Emma Williams		14. NAME OF HUSBAND OR WIFE Late James W. Quinn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 499-34-4786	
17. INFORMANT Mary C. Fipp		Address 6983 Hillsland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterior + posterior coronary thrombosis & infarct.			INTERVAL BETWEEN ONSET AND DEATH about 1 year
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) me		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-3-58 to 1:00 P. and last saw her alive on Oct-19-58		21. I attended the deceased from 5-3-58 to 1:00 P. and last saw her alive on Oct-19-58	
22a. SIGNATURE O. C. Fipp		22b. ADDRESS 4523 S Kingshighway	
22c. DATE SIGNED 10-30-58		22c. DATE SIGNED 10-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 3, 1958	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. OCT 3 1958	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard W. Stoveland*

Licensed Embalmer No. *4007*

P. O. Address

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.