

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-024215

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY ST. CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. CHARLES			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES Twp 11/3 YRS		Length of stay in 1b		c. CITY OR TOWN ST. CHARLES		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT 2, Box 163			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) HARVESTER, RT 2, Box 163		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM VINCENT QUINN				4. DATE OF DEATH Month Day Year JULY 3 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH FEB 23 1916	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CARROLL QUINN		13b. MOTHER'S MAIDEN NAME JULIA CADY		14. NAME OF HUSBAND OR WIFE OCEA BEYER QUINN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NOT		16. SOCIAL SECURITY NO. 488-18-9514		17. INFORMANT Address OCEA BEYER QUINN, ST. CHARLES, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EVIDENT NATURAL CAUSES DUE TO (b) SHERIFF REPORT - JULY 3-60 DUE TO (c) CORONER DEP. NOTIFIED No. 110. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Maureen Wilson S. Reg				22b. ADDRESS 57. Chavers Mo		22c. DATE SIGNED 7/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JULY 4, 1960	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.		
24. FUNERAL DIRECTOR AL. ORTMANN, 9322 LACKLAND, OVERLAND		ADDRESS 19. Mo	25. DATE RECD. BY LOCAL REG. JULY 3-60		26. REGISTRAR'S SIGNATURE Maureen Wilson		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1960

SEP 15 1960

VS
JUL 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.