ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1721

-61-006823 STATE FILE NUMBER

AMENDED

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. # 1 — Inside Limits Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1826 LaSalle St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOSEPH Middle: H. Last: QUINT (also known as) JOSEPH H. QUINN

4. DATE OF DEATH Month: FEBRUARY Day: 18, Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/25/1897
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (City and state or country): Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Louis Quint
13b. MOTHER'S MAIDEN NAME: Clementine Damato
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: John Quint Sr., Columbus, Ohio. Address

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) Anoxia and carbon dioxide narcosis — INTERVAL BETWEEN ONSET AND DEATH: Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic lung disease and congestive heart failure — Year
DUE TO (c) Chronic obstructive pulmonary emphysema — Year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 527.1
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-17-61 1:45 pm, to 2-18-61 and last saw her/him alive on 2-18-61
Death occurred at 6: P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wallace W Wegner M.D.
22b. ADDRESS: 1515 LAFAYETTE AVE.
22c. DATE SIGNED: 2-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-19-61
23c. NAME OF CEMETERY OR CREMATORY: Mt.Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Columbus, Ohio

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: FEB 20 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

ITEM NO. SHOULD READ INSTEAD OF DOCUMENT BY AFFIDAVIT OF

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 Harvey Kahn

Licensed Embalmer No. 4596

P. O. Address St Louis,

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.