

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044748

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11126**

FILED Nov 30 1962

VS 300
Rev. 4/59

- 1
- 2 **207**
- 3
- 4 **0**
- 5 **0**
- 6
- 7 **0**
- 8 **1**
- 9 **X**
- 10
- 11 **cod**
- 12 **1291-3**
- 13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURIE COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS,		Length of stay in 1b	c. CITY OR TOWN ST LOUIS,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RIVERVIEW & FLORISSANT		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) 5051 QUEENS AVE
3. NAME OF DECEASED (Type or print) First Middle Last MICHAEL T. QUINN		4. DATE OF DEATH Month Day Year NOV. 18. 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV. 2, 1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 22
11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS F. QUINN JR.		13b. MOTHER'S MAIDEN NAME LORETTA VOLLMAR	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. #		17. INFORMANT Address THOMAS F. QUINN 5051 QUEENS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain from multiple fractures of the facial bones and of the Skull; suffered when car operated by one, Michael Duffy, in which deceased was a passenger, was struck by car operated by one, Richard Binger, at intersection of Riverview and West Florissant, about 2:12 A.M. on Nov. 18, 1962. DUE TO (b) Crushing and Laceration of the DUE TO (c) Criminal Carelessness on the part of Richard Binger.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nov. 18, 1962.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	28b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See Above	
20c. TIME OF INJURY Hour a.m. p.m. 2:12a 11/18/62	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 08 RIVERVIEW & FLORISSANT		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE ST LOUIS MISSOURI		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:12 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Helene L. Taylor, Coroner		22b. ADDRESS 1300 Clark Ave.	22c. DATE SIGNED 11-20-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/21/62	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE		25. DATE RECEIVED BY LOCAL OFFICE NOV 20 1962	26. REGISTRAR'S SIGNATURE Lead Smith, M.D.

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address 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.