MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 21550

Registered No. 5341

1. PLACE OF DEATH

County ..... Registration District No. 7501

Township ..... Primary Registration District No. 7 1 M 0 3

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME John R. Quinnlivan

(a) Residence, No. 4227 Lindell St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Mary T. Quinlivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-12-1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 18
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Feed, Retired 19
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo. 1

FATHER

13. NAME Sol J. Quinlivan 15
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Ann Finn 15
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Celeste Lynch
(ADDRESS) 4227 Lindell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 6-20 1933

19. UNDERTAKER Guy Mullen
(ADDRESS) 4209 Lindell

20. FILED JUN 19 1933 J. F. Bredeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 18, 1933

I last saw him alive on June 18, 1933 Death is said to have occurred on the date stated above, at 7 35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Fracture of Femur	June 12 33
B Fall down steps	
C 1283 Oak Court accident	C01

Other contributory causes of importance:

Senility

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 18 1933
Where did injury occur? 1283 Oak Court St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Fell down steps
Nature of injury Fracture of hip.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) M E Jones, M. D.

(Address) 8500 Olive St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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