

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.

JAN 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4318 Virginia**)

File No. **46957**
Registered No. **12780**
St. Ward)

2. FULL NAME

Michael J. Quain
(a) Residence, No. **4318 Virginia** St. **15** Ward. (If nonresident, give city or town and State)
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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Quain		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19, 1859		
7. AGE	YEARS 77	MONTHS 8
	DAYS 7	LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey		
FATHER	13. NAME Patrick Quain	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
	15. MAIDEN NAME (Unknown) Shortel	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
	17. INFORMANT Mrs. Catherine Quain (ADDRESS) 4318 Virginia	
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter + Paul DATE 12-29-36		
19. UNDERTAKER (ADDRESS) Southern Undertaking Co 2327 S. Grand		
20. FILED DEC 28 1936 J. Bredack Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-26-1936**

22. **Acc** I HEREBY CERTIFY, That I attended deceased from **12-26-1936** to **12-26-1936**
I last saw him alive on **12-26-1936** Death is said to have occurred on the date stated above, at **9:40** a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Rate of onset

Other contributory causes of importance:
Senility

Name of operation Date of
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Joseph C. Ferris** M. D.
(Signed) **Joseph C. Ferris** (Address) **4209 Virginia St**

Dr. Geo. Fenner
4209 1/2 a.

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