

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.

REC'D MAY 10 1939

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

791
1008

13417
Do not use this space.

3759

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2
(b) Township 1 Primary Registration District No. 1 Registered No. 3759
(c) City St. Louis (d) Street No. 1331 Laurel St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Quinn

(a) Residence, No. 1331 Laurel St. L (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Ann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-21-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 10 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paint Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Glidden Paint Co.
10. Date deceased last worked at this occupation (month and year) 1/1939 11. Total time (years) spent in this occupation 17

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

FATHER 13. NAME John Quinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Ellen O'Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Ann Quinn (ADDRESS) 1331 Laurel

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4/24/39

19. FUNERAL DIRECTOR (NAME) Cullen Kelly (ADDRESS) 7247 NAT BRIDGE

20. FILED APR 23 1939 J. P. Breda Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1939 to April 20, 1939
I last saw him alive on April 20, 1939 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
Phonetic myocarditis
myocardial degeneration

Date of onset Jan 1939

Other contributory causes of importance:

Intensified reflexes
Phonetic nephritis
Cerebral thrombosis (basis) 1934

Name of operation _____ 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? _____ 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? no
If so, specify _____ (Signed) J. P. Breda M. D.
(Address) 1306 Residency Ave

1366
8th St
St. Louis
Mo

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 Mark Tiernon

Registered Apprentice No. 174, working under my personal supervision.

Signed Clement McHenry

Licensed Embalmer No. 3732

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 this body is not embalmed, above space should be left blank.