

REC'D JUN 8 1939

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

19864  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Saint Louis Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 700 Registered No. 988  
 (c) City Jefferson Barracks (d) Street No. Vetrans Facility 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Michael Quinn  
 (a) Residence, No. 5101 Lillian Avenue St.  Saint Louis, Missouri.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs. Hilda Quinn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1894  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 9 2

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Newspaper Reporter  
 9. Industry or business in which work was done, as saw mill, bank, etc. Globe Democrat  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saint Louis, Missouri. (STATE OR COUNTRY)

FATHER  
 13. NAME James Quinn

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

MOTHER  
 15. MAIDEN NAME Elza Kelly

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

17. INFORMANT Medical Clerk, VAF Jefferson Barracks, Missouri. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Zion Cemetery DATE June 2, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U.S., L. Co. (ADDRESS) 7814 S. Broadway

20. FILED JUN 1 - 1939 D.R. Meyer, M.D. (Address) VAF Jefferson Barracks, Mo.  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1939 to May 30, 1939  
 I last saw him alive on May 30, 1939 Death is said to have occurred on the date stated above, at 7:25 Am.  
 The principal cause of death and related causes of importance were as follows:

Sarcoma left groin involving left femoral artery with resulting aneurysm and terminal hemorrhage. Date of onset Unkn.

Other contributory causes of importance: 50  
None

Name of operation Exploratory laparotomy Date of 4-29-39  
 When last confirmed diagnosis Phys. clinical manif. and lab. 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 last 7 days  
 (Signed) C. W. HUGHES, Chief Med. Officer M. D.  
 (Address) VAF Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1939

B.C.

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**