

STANDARD CERTIFICATE OF DEATH

State File No. 23580Registration District No. 791

Primary Registration District No. _____

Registrar's No. 5853

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

Daniel Quinlan 545

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

Male5. Color or race White
MARY6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased

Nov. 17, 1858

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

80713

hr.

min.

9. Birthplace

Kansas CityMissouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Gateman

11. Industry or business

Terminal R.R.

12. Name

Andrew Quinlan

13. Birthplace

Ireland

(City, town, or county)

(State or foreign country)

14. Maiden name

None

15. Birthplace

Dont Know

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

George Trades

(b) Address

4503 Shreve Ave.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

7-3-39

(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary CemeteryCullinane Bros.

18. (a) Signature of funeral director

1710 N. Grand Blvd

(b) Address

JUL 1 1939

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4305 Shreve Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
 year 1939 hour 5:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6/29/39
 _____, 19____, to 6/30, 19____
39

that I last saw him alive on 6/30, 19____
39
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Pulmonary Hemorrhage caused
by Lung abscess
cause unknown
Non tubercular

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature William SapsunAddress City Hospital Date signed _____

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 Fred Trick
Licensed Embalmer No. 3186
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 this body is not embalmed, above space should be left blank.