

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
RECD OCT 14 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30661

State File No. \_\_\_\_\_  
Registrar's No. 7721

Registration District No. 1008 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 2  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3531 Gasconade  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Quinlivan 541  
8. (b) If veteran, name war No 8. (c) Social Security No. 110

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased March 13 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 29 hr. min.

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 5

11. Industry or business 9

MOTHER FATHER  
12. Name Unknown  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gen. Geo. Dreher  
(b) Address 2880 Meramec St.

17. (a) Burial (b) Date thereof 9/9/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Wm. J. Hoffmeister  
(b) Address 401 S. Chipmunk

19. (a) 6 1939 (b) J. B. Bittick  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3631 Gasconade 15  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3  
year 1939 hour 9.50 minute \_\_\_\_\_ D.M.

21. I hereby certify that I attended the deceased from Sept 1<sup>st</sup> 1939 to Sept 3<sup>rd</sup> 1939  
that I last saw her alive on Sept 3<sup>rd</sup> 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocardial Degeneration  
chronic hypertensive  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions fracture - 121  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 J. A. O'Dond (M. D. or other)  
Address 13751 54th Date signed 9/6/39

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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 Ernest W. Spiller's

Licensed Embalmer No. 4080

P. O. Address 3528 Russell Pl

**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.**