

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 12 1940 701

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41387
State File No. 10510
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: HOME
(a) County 2
(b) City or town St. Louis
(c) Name of hospital or institution: 4515 Clayton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 Years (Specify whether years, months or days)
In this community 42 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 18
(d) Street No. 4515 Clayton Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. 42 Years years.

3. (a) PRINT FULL NAME Bridget Quinlan F.U.S.
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 7 year 1939 hour 4 minute 10 a. M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Maurice Quinlan 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 6, 1939, to Dec 7, 1939; that I last saw her alive on Dec 6, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 5 0 hr. min.

Immediate cause of death Coronary occlusion Duration 1 day
Due to Arteriosclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Patrick Carmody

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

14. Maiden name Kitty Kelly

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

16. (a) Informant's own signature Joseph Quinlan

(b) Address 4515 Clayton Ave.

17. (a) Burial (b) Date thereof 12-9-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) DEC 9 1939 (b) _____
(Date received local registrar) (Signature)

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 Albert E. Tausky (M. D. or other) M. D.
Address 4500 Olive St. St. Louis Date signed 12/7/39

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.....

Alfred J. Boedeker

Licensed Embalmer No.....

2663

P. O. Address.....

4204 Prairie

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.