

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME R. EGINA V. QUINN.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 7 hr. min.

9. Birthplace Indiana (City, town, or county) 4 (State or foreign country)

10. Usual occupation Home Wife

11. Industry or business _____

12. Name Michael J. Mehan 4

13. Birthplace Indiana (City, town, or county) 4 (State or foreign country)

14. Maiden name Margaret Myardle

15. Birthplace Indiana (City, town, or county) 4 (State or foreign country)

16. (a) Informant Joseph F. Quinn
(b) Address 5700 Beaulieu av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/1942
(Month) (Day) (Year)

(c) Place: burial or cremation Cemetery 15119th

18. (a) Signature of funeral director Joseph F. Quinn

(b) Address 1389 N. 1st Blvd

19. (a) SEP 14 1942 (Date received local registrar) (b) J. F. Wudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 12
(If outside city or town limits, write "RURAL") 7 9
(d) Street No. 5700 Beaulieu av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1942 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 9 PM Sept 11, 1942 to Sept 11, 1942
that I last saw her alive on Sept 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Masence cerebral Hemorrhage 8 hours

Due to Hypertension several years

Other conditions _____

Major findings: _____

Of operations _____

Of autopsy _____

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. B. Finnegan (M. D. or other) Dr. S.

Address Remond at Bell Date signed 9/17/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Embalmas Separate Certificate to be filled

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, fact should be so stated above.