

FILED MAR 20 1944

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 649

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Koch

(c) Name of hospital or institution: Robt. Koch Hosp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days

In this community 37 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis

(d) Street No. 6215 BERTHOLD

(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME QUINLAN, JOSEPH J

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-07-2159

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Nov. 1 1906

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Maurice Quinlan

13. Birthplace Unknown Ireland

(City, town, or county) (State, foreign country)

14. Maiden name Bridget Connolly

15. Birthplace Unknown Ireland

(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record

(b) Address Robt. Koch Hosp

17. (a) BURIAL (b) Date thereof 3-14-44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAR 15 1944 (b) C. S. McHavran

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1944 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from Feb 8 1944 to March 13 1944; that I last saw him alive on March 13 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 18 mo?

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 13 pt

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)

Means of injury ○

23. Signature Frank Cohen (M. D. or _____)

Address Robt. Koch Hosp Date signed 3/13/44

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

JUN 21 1944

STATEMENT BY LICENSED EMBALMER

MAY 19 1944

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.