DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20151

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5370

1. PLACE OF DEATH:

(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:
3018 N Newstead
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community Life

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. 3018 n Newstead
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country (1)

3. (a) PRINT FULL NAME Bernard J Quinn

3. (b) If veteran, name war —

3. (c) Social Security No. 361-05-9727

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Johanna Quinn

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August (Month) - 29 (Day) - 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
74	9	13	hr. min.

9. Birthplace Webster Groves Mo (City, town, or county) (State or foreign country)

10. Usual occupation Ret Investigator

11. Industry or business Ill Terminal Ry

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Johanna Quinn
(b) Address 3018 N Newstead Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge

19. (a) JUN 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1944 hour 2.45 minute A M.

21. I hereby certify that I attended the deceased from May 1, 28, 1944, to June 10, 1944 that I last saw him alive on June 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to _____

Due to _____

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J J Vogel (M. D. or other)

Address 7809 N Broad Date signed 6/12/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE BLACK INK

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 John A. Mlinar

Licensed Embalmer No. 41.86

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.