

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution 3403 EADS AV. I  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME EDWARD J. QUINN  
3. (b) If veteran name war  
3. (c) Social Security No.

4. Sex M O 5. Color or race W  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased MARCH 19-1911 (Month) (Day) (Year)

8. AGE: Years 36 Months 9 Days 17 If less than one day hr. min.

9. Birthplace ST. LOUIS MO. O (City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business CENTRAL DIST. POLICE

12. Name WILLIAM QUINN

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

14. Maiden name CATHERINE O'HALLORAN (State or foreign country)

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

16. (a) Informant Mrs. William Quinn

(b) Address 3403 Eads Av

17. (a) BURIAL (b) Date thereof JAN. 9-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Av.

19. (a) JAN 6 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County DAO  
(c) City or town ST. LOUIS 17  
(d) Street No. 3403 EADS AV 9  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 5 year 1948 hour 9 minute 45 p.m.  
21. I hereby certify that I attended the deceased from Jan 1-5 1948  
that I last saw him alive on 1-5 1948 and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis of Heart  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
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 R. G. Garvin (M. D.) Address 276 7th St. Date signed 1-6-48

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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 Joseph Vollmer

Licensed Embalmer No. 41014

P. O. Address 3125 Lafayette Ave 4

**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.**