

FILED JAN 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5146

221

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. FULL NAME OF HOSPITAL OR INSTITUTION City Morgue	
3. NAME OF DECEASED (Type or Print) FRANK		a. (First)		b. (Middle) J.		c. (Last) QUINN	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 4, 1880		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 1 Days 4		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Uniform Co.		11. BIRTHPLACE (State or foreign country) Springfield, Illinois		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Edward Quinn		13b. MOTHER'S MAIDEN NAME Anna McCool		14. NAME OF HUSBAND OR WIFE Agnes K. Quinn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Agnes K. Quinn			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Indefinite				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from AUG 19, 1946 , to Jan 8, 1949 , that I last saw the deceased alive on Dec - 18, 1948 , and that death occurred at 10:45 AM . (From the causes and on the date stated above.)							
23a. SIGNATURE (Degree or title) D. M. P.				23b. ADDRESS 3228 Franklin Ave St. Louis Mo		23c. DATE SIGNED 1-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 12, 49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. JAN 9 1949		REGISTRAR'S SIGNATURE J. B. Rascoe		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser			
				ADDRESS 8228 S. King Highway B1			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *William B White*

Licensed Embalmer No. *4291*

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.