

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14618
3558

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ 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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sycamore Hills 4260	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 2467 Northland Ave. /	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) James c. (Last) Quinlan			4. DATE OF DEATH (Month) (Day) (Year) April-14-1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH June-2-1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 10 Days 12	IF UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tariff Compiler		10b. KIND OF BUSINESS OR INDUSTRY S.W. Freight Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Benjamin Quinlan	13b. MOTHER'S MAIDEN NAME Mary Sheehan	14. NAME OF HUSBAND OR WIFE Alice Quinlan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alice Quinlan	ADDRESS 2467 Northland Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Rheum. Ar. Heart & cong. failure Mitral Stenosis		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 HIX
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22. I hereby certify that I attended the deceased from Nov. 1, 1950, to April 14, 1951, that I last saw the deceased alive on April 12, 1951, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) J. B. Carter	23b. ADDRESS 539 N. Grand St. St. Louis	23c. DATE SIGNED 4/16/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April-17-1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. APR 16 1951	REGISTRAR'S SIGNATURE J. B. Carter	25. FEDERAL DEPARTMENT OF HEALTH SIGNATURE Chas. F. Stewart	ADDRESS 1225 Union
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

7/12/11

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Clement M. Neary

Signed.....

Student Embalmer

Licensed Embalmer No. 3732

P. O. Address

St. Louis

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.