

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 14683

318

1003

Registrar's No. 3210

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 14683			
1. PLACE OF DEATH a. COUNTY /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 212					
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4915 Lindell Blvd.				d. STREET ADDRESS (If rural, give location) 4915 Lindell Blvd.					
3. NAME OF DECEASED (Type or Print) Charles Alvin Quinn			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1952			
5. SEX M. O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 10, 1880			
9. AGE (in years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Manager Leather Co. Amalgamated)		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Joseph Quinn			13b. MOTHER'S MAIDEN NAME Wilhelmina Wenzel			14. NAME OF HUSBAND OR WIFE Elizabeth D. Quinn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth D. Quinn 4915 Lindell					
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) Carcinoma of Rectum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of Colon ascending 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.						INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 yrs	
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? 153X					
22. I hereby certify that I attended the deceased from Jan 1, 1948, to April 4, 1952, that I last saw the deceased alive on Apr 4, 1952, and that death occurred at 3:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE W. Heidenreich (Degree or title) M.D.				23b. ADDRESS 508 N Grand		23c. DATE SIGNED 4-5-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7, 52		24c. NAME OF CEMETERY OR CREMATORY (Resurrection Cemetery)		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. APR 7 1952		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Bondell Blvd			

(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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm S. S. [Signature]

Licensed Embalmer No. 4699

P. O. Address St Charles, Mo

**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.