

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15665
Registrar's No. 548

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 548
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY St. Louis 6		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 1240m16d		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo 2049
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2		d. STREET ADDRESS (If rural, give location) 1026 Louisville ave		
3. NAME OF DECEASED (First) Bridget		b. (Middle) Quirk		c. (Last) Quirk
4. DATE OF DEATH (Month) 5 (Day) 29 (Year) 1952		5. SEX Female		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH About 1865
9. AGE (In years last birthday) 87		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? 4 America		
13a. FATHER'S NAME John Quirk		13b. MOTHER'S MAIDEN NAME Betty Mahoney		14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME The R. Quirk 1026 Louisville ave St. Louis 2
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Brain Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis 10 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic INTERVAL BETWEEN ONSET AND DEATH 4 days 17 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 5-22, 1952, to 5-23, 1952, that I last saw the deceased alive on 5-22, 1952, and that death occurred at 4:20 a.m., from the causes and on the date stated above.				
23a. SIGNATURE B. E. Cassin M.D.		23b. ADDRESS State Hospital #2		23c. DATE SIGNED 5-23-1952
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE May 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Rowland Service Co.
		24d. LOCATION (City, town, or county) St. Louis, Missouri.		(State)
DATE REC'D BY LOCAL REG. May 27, 1952		REGISTRAR'S SIGNATURE Carl C. Cassin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.

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

MISSOURI
EMBALMERS
ASSOCIATION
ST. JOSEPH
MISSOURI

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.

Signed *Raymond D. Merchant*

Signed
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address. St. Joseph, Missouri.

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.