

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**18427**

State File No. ....

Registrar's No. .... **4650**

**1003**

**318**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5539 Mimika Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>5539 Mimika Ave.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Charles A Quinn</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 18, 1952</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Dec 25, 1881</b>		
<b>9a. AGE</b> (In years last birthday) <b>70</b>	<b>9b. MONTHS</b> <b>4</b>	<b>9c. DAYS</b> <b>23</b>	<b>9d. YEAR</b> <b>1952</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Private Chauffeur</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>					

<b>13a. FATHER'S NAME</b> <b>Charles Quinn</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Johanna Looby</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mae Quinn</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Charles N. Quinn</b>	
		<b>18. ADDRESS</b> <b>5539 Mimika Ave</b>			

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma of colon with generalized metastases.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>several yrs.</b>	
		<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		<b>DUE TO (b)</b>			
		<b>DUE TO (c)</b>			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Colostomy December 1948.</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>153A</b>	

**22. I hereby certify that I attended the deceased from** 3-4-52, 19  , to 5-18-52, 19  , that I last saw the deceased alive on 5-18-52, 19  , and that death occurred at 9:15A., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>John J. [Signature]</i>		<b>23b. ADDRESS</b> <b>4703 Carter Ave.</b>		<b>23c. DATE SIGNED</b> <b>5-19-52</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>May 21, 1952</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, MO.</b>			

<b>DATE REC'D BY LOCAL REG.</b> <b>MAY 20 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Charles Smith</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	
				<b>ADDRESS</b> <b>Buchholz-Koeller 5967 W. Florissant</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

FILED JUN 6 1952

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 G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis 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.