

FILED JUL 22 1952

STANDARD CERTIFICATE OF DEATH

26239  
 State File No. 6429

318

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6429

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|--|--|---|--|--|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO.  |  | PRIMARY REG. DIST. NO.   |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br>Mo.<br>b. COUNTY            |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>St. Louis  |  | c. LENGTH OF STAY (If in this place township)<br>3 Years  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>St. Louis                                  |  | 2134   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Louis State Hospital  |  |   |  | d. STREET ADDRESS (If rural, give location)<br>15 5100 Arsenal St.   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>ANNA   |  | a. (First)  |  | b. (Middle)  |  | c. (Last)<br>QUINN   |  |
| 5. SEX<br>Female   |  | 6. COLOR OR RACE<br>White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed  |  | 8. DATE OF BIRTH<br>June 16 1882   |  |
| 9. AGE (In years last birthday)<br>70  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>House Wife  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>at Home   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis                  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA  |  | 13a. FATHER'S NAME<br>Hugh Galvin   |  | 13b. MOTHER'S MAIDEN NAME<br>Nora Casey  |  | 14. NAME OF HUSBAND OR WIFE<br>John J Quinn                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |  | 16. SOCIAL SECURITY NO.<br>None   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Dorothy Hartland 1021 Laurel  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>24 hrs.                                      |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 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?<br>331X   |  |  |  |
| 22. I hereby certify that I attended the deceased from Jan. 1 19, 19, to July 3, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 5:20 a.m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br>John Schlenker, M.D.   |  |   |  | 23b. ADDRESS<br>5100 Arsenal St.   |  | 23c. DATE SIGNED<br>7/3/52   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>July 5 52  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Mo                    |  |
| DATE REC'D BY LOCAL REG.<br>JUL 3 1952   |  | REGISTRAR'S SIGNATURE<br>Carl Smith MD  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Cullen, Kelly 7247 Natural Bridge<br>(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.....

*James G. Lammer*

Licensed Embalmer No. 4142

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.