

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26240
 Registrar's No. 6427

FILED JUL 22 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2187	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 103 S. Channing Ave.		d. STREET ADDRESS (If rural, give location) 18 103 S. Channing Ave.	
3. NAME OF DECEASED (Type or Print) Fred		a. (First) Fred b. (Middle) c. (Last) Quinn	4. DATE OF DEATH (Month) (Day) (Year) 7-1-52
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-1-1902
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard & supply man	11. BIRTHPLACE (City and State or Foreign Country) Miss.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard & supply man		10b. KIND OF BUSINESS OR INDUSTRY N.Y.C.R.R.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles P. Quinn		13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Grace Quinn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Quinn 103 S. Channing Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) Ruptured Aorta	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Hemorrhage into Pericardial Cavity	
II. OTHER SIGNIFICANT CONDITIONS		Pericardial Cavity	
Conditions contributing to the death but not related to the disease or condition causing death.		Pericardial Cavity	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Pericardial Cavity	
20. AUTOPSY YES <input checked="" 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? 451X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:53 AM, from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Dr. Robert B. Taylor, M.D.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7-3-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-7-52	
24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. JUL 3 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co.		ADDRESS 2732 Pine Blvd.	

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 A Carter

Licensed Embalmer No. *4681*

P. O. Address *4923 Suburban*

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.