

# STANDARD CERTIFICATE OF DEATH

State File No. ....

XC 1746 54 31  
REG# 109693

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 117

4000

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>EAST ST. LOUIS</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>283 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>1760 State St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>W.</b> c. (Last) <b>QUINN.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-13-54</b>
5. SEX <b>MALE</b> 0	6. COLOR OR RACE <b>WHITE</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b> 3	8. DATE OF BIRTH <b>4-11-97</b>
9. AGE (In years) last birthday <b>56</b>	IF UNDER 1 YEAR Months <b>56</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SLOT MACHINE COLLECTOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>collector</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b> 0	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JOHN W. QUINN, SR.</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISE ADAMS</b>	14. NAME OF HUSBAND OR WIFE <b>DIVORCED</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>	16. SOCIAL SECURITY NO. <b>327 10 0012</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>

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 direct cause, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LAENNEC'S CIRRHOSIS</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <b>HOMICIDE</b>	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? <b>5811</b>

22. I hereby certify that I attended the deceased from 4-5, 1953, to 1-13, 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Richard R. Coble M.D.</b>	23b. ADDRESS <b>VET ADM HOSP., JEFF BRKS, MO.</b>	23c. DATE SIGNED <b>1-13-54</b>
24a. BURIAL, CREMATION, REINTERMENT (Specify) <b>Burial</b>	24b. DATE <b>1-15-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Jeff. Brks. Mo.</b>		

DATE REC'D BY LOCAL REG. <b>1/14/54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SOUTHERN FUNERAL HOME</b>
		ADDRESS <b>6822 S. GRAND BLVD.</b>

**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..... Signed.....

Signature of Student Embalmer

Licensed Embalmer No. 124

P. O. Address 6317 1/2 St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.