

FILED JAN 18 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 43925

318

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Registrar's No. 11845

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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.                                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                                                               |                                                                                                                        | b. COUNTY                                                           |                                                                                  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis                                                                                                                                                  |  |                                                                                                                                     | c. LENGTH OF STAY (in this place) |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | c. CITY OR TOWN St. Louis                                                      |                                                                               | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                     |                                                                                  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3502a S. Spring Ave.                                                                                                                                                                  |  |                                                                                                                                     |                                   | STREET ADDRESS (If rural, give location) 16 3502a S. Spring Ave.                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                               |                                                                                                                        | 2169 0                                                              |                                                                                  |  |  |
| 3. NAME OF DECEASED (Type or Print) LENA                                                                                                                                                                                      |  |                                                                                                                                     | a. (First)                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | b. (Middle)                                                                    |                                                                               | c. (Last) QUINN                                                                                                        |                                                                     |                                                                                  |  |  |
| 4. DATE OF DEATH Dec. 27 1954                                                                                                                                                                                                 |  | (Month) (Day) (Year)                                                                                                                |                                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | 8. DATE OF BIRTH April 10, 1864                                               |                                                                                                                        | 9. AGE (in years last birthday) 90                                  |                                                                                  |  |  |
| 5. SEX Female                                                                                                                                                                                                                 |  | 6. COLOR OR RACE White                                                                                                              |                                   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework                                                                                                                                                                                                                                                                                                                                                        |                                                                                | 10b. KIND OF BUSINESS OR INDUSTRY                                             |                                                                                                                        | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0 |                                                                                  |  |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.                                                                                                                                                                                           |  |                                                                                                                                     | 13a. FATHER'S NAME Michael Runkle |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | 13b. MOTHER'S MAIDEN NAME Alice Tulley                                        |                                                                                                                        |                                                                     | 14. NAME OF HUSBAND OR WIFE Late Edward Quinn                                    |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None                                                                                                             |  |                                                                                                                                     | 16. SOCIAL SECURITY NO.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Quinn 3502a S. Spring Ave. |                                                                                                                        |                                                                     |                                                                                  |  |  |
| 18. CAUSE OF DEATH 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, asthenia, etc. It means the disease, injury, or complication which caused death.  |  |                                                                                                                                     |                                   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial decomposition<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) arterio-sclerotic heart disease<br>DUE TO (c) Wernia<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Serenity |                                                                                |                                                                               |                                                                                                                        |                                                                     | INTERVAL BETWEEN ONSET AND DEATH                                                 |  |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                        |  |                                                                                                                                     |                                   | 19b. MAJOR FINDINGS OF OPERATION 210 - 2                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |                                                                               |                                                                                                                        |                                                                     | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) 210                                                                                                                                                                                  |  | 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) (Minute) 210                                                                                                                                                                  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> WHILE AT HOME <input type="checkbox"/> AT WORK <input type="checkbox"/> |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 21f. HOW DID INJURY OCCUR? None 4200                                           |                                                                               |                                                                                                                        |                                                                     |                                                                                  |  |  |
| 22. I hereby certify that I attended the deceased from Aug 1, 1954, to Dec 27, 1954, that I last saw the deceased alive on Dec 27, 1954, and that death occurred at 10:20 P.M., from the causes and on the date stated above. |  |                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                                               |                                                                                                                        |                                                                     |                                                                                  |  |  |
| 23a. SIGNATURE (Degree or title) E.L. Pelloux M.D.                                                                                                                                                                            |  |                                                                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 23b. ADDRESS 11 SOUTH GRAND BLVD, St. Louis, Mo.                               |                                                                               |                                                                                                                        | 23c. DATE SIGNED 1/28/55                                            |                                                                                  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial                                                                                                                                                                              |  | 24b. DATE Dec. 30, 1954                                                                                                             |                                   | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                               | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.                                                           |                                                                     |                                                                                  |  |  |
| DATE REC'D BY LOCAL REG. DEC 28 1954                                                                                                                                                                                          |  | REGISTRAR'S SIGNATURE J. Carl Smith MO                                                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. |                                                                               |                                                                                                                        |                                                                     |                                                                                  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Hale A. Strawn*  
Licensed Embalmer No. 457

P. O. Address .....

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.