

Bambour

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034583

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2563

FILED SEP 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

1 4/23
2 4/18
3
4 0
5 1
6
7 1
8 2
9 570.5
10
11 4
12 43.2
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY **Saint Louis**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Normandy** Length of stay in 1b **5 days**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Normandy Osteopathic Hosp.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **11906 Valley Dr.** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **Bridgeton,** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **L.** Middle **VESTER** Last **Quinn**
4. DATE OF DEATH Month **August** Day **12** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **2-17-1927** 9. AGE (last birthday) **36** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Custodian** 10b. KIND OF BUSINESS OR INDUSTRY **Pattonville School Dist** 11. BIRTHPLACE (City and state or country) **Tennessee** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **TENNIE M. GUINN** 13b. MOTHER'S MAIDEN NAME **CORA A. MILLER** 14. NAME OF HUSBAND OR WIFE **Melba Quinn**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES** (If yes, give war or dates of service) **W.W.#2** 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT **MELBA GUINN** Address **BRIDGETON, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Medullary Failure**
DUE TO (b) **Respiratory Collapse**
DUE TO (c) **Intestinal Obstruction**
INTERVAL BETWEEN ONSET AND DEATH **3 days**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8-9-63** to **8-12-63** and last saw her/him alive on **8-12-63**
Death occurred at **10:10 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Gene P. Bartow** (degree or title) 22b. ADDRESS **2335 Brown Rd.** 22c. DATE SIGNED **8-12-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal-Auto** 23b. DATE **8-15-63** 23c. NAME OF CEMETERY, OR CREMATORY **Oak Forest Cemetery** 23d. LOCATION (City, town, or county) **Bland, Mo.** (State)

24. FUNERAL DIRECTOR **Baumann Bros. Inc.** ADDRESS **2504 Woodson Rd. Overland 14, Mo.** 25. DATE RECD. BY LOCAL REG. **8-13-63** 26. REGISTRAR'S SIGNATURE **John B. Murphy**

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. L 14700

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.