

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037951

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8972**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 19 1963	
1. PLACE OF DEATH	
a. COUNTY <b>St Louis</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer Phillips</b>	d. STREET ADDRESS <b>2406 Oakland</b>
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <b>Mo</b>	b. COUNTY <b>St Louis</b>
c. CITY OR TOWN <b>Sycamore Hills</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
<b>CHARLES S QUINLAN</b>	
4. DATE OF DEATH <b>Sept 3 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/7/1899</b>
9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sign Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Modern Elec Co</b>
11. BIRTHPLACE (City and state or country) <b>St Louis Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>John J Quinlan</b>	13b. MOTHER'S MAIDEN NAME <b>Nellie A McWay</b>
14. NAME OF HUSBAND OR WIFE <b>Mabel Quinlan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) <b>No</b>	
16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Virginia Taylor 2431 Oakland</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Hemorrhage from ruptured spleen; Contributing cause; Fractured skull with subdural hemorrhage; suffered in fall from ladder while working on sign at the S.W. corner of Goodfellow and Windham, on September 3rd, 1963</b>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>at about 3:40 P.M.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Accident</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <b>X</b> <input type="checkbox"/> <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>3:40 - p.m.</b> Month, Day, Year <b>9-3-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Sign</b>
20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St. Louis, Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>3:40 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Paul Simon</i>	22b. ADDRESS <b>1300 Clark</b>
22c. DATE SIGNED <b>9/5/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/6/63</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St Louis Mo</b>	
24. FUNERAL DIRECTOR <b>Ortmann F Home</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 5 1963</b>
26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>	

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 \_\_\_\_\_

Licensed Embalmer No. Al. C. Ostermann

P. O. Address 3478

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.

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