

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049870

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No. 1003

Registrar's No. 12889

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		c. CITY OR TOWN St. Louis	
Length of stay in 1b 7 wks		d. STREET ADDRESS (if outside, give location) 5532 Natural Bridge (20)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) PEARL ELLEN QUINN			4. DATE OF DEATH DEC. 26, 1963			
5. SEX F.		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH 10-4-1896		9. AGE (last birthday) 67		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) McKeesport, Penn.	
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Thomas G. Kelly			
13b. MOTHER'S MAIDEN NAME Jemimah Redmond			14. NAME OF HUSBAND OR WIFE John E.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO.		17. INFORMANT Address Jack Quinn, 5532 Natural Bridge (20)	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Tuberculosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Perforated carcinoma of colon with abscess formation	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153.8		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11/7/63 to 12/26/63 and last saw her/him alive on 12/26/63					
Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>Queen Holm</i> (Degree or title) M.D.		22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 12/26/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-30-63		23c. NAME OF CEMETERY OR CREMATORY Calvary	
23d. LOCATION (City, town, or county) St. Louis, Mo.		24. FUNERAL DIRECTOR ADDRESS Buchholz Mortuary, 5967 W. Florissant Ave.		25. DATE RECD. BY LOCAL REG. DEC 27 1963	
26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>					

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 Walter J. Buchholz

Licensed Embalmer No. 455K

P. O. Address St. Louis

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.