

Registration District No. 791

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(a) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mexican Brothers Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Joseph J. Quinn3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. None

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married,  
divorced widowed

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 25 1964  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 17  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Australia  
(City, town, or county) (State or foreign country)10. Usual occupation Undertaker11. Industry or business Undertaker12. Name Patrick Quinn13. Birthplace Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Katherine McCaffrey  
(City, town, or county) (State or foreign country)15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)16. (a) Informant Joseph J. Quinn(b) Address 1389 N. Union17. (a) Burial (b) Date thereof Nov. 15, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation calvary Cem.18. (a) Signature of funeral director Joseph Quinn(b) Address 1389 N. Union19. (a) NOV 14 1940 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1389 N. Union  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12  
year 1940 hour 3 minute 54 P.M.

21. I hereby certify that I attended the deceased from  
Jul 8, 1940 to Nov. 12, 1940  
that I last saw him alive on Nov 11 1940, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocarditis Chr.  
arteriosclerosis

Due to Smoking

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 8 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Years of injury \_\_\_\_\_

23. Signature J. F. Bruders (M. D. or other) \_\_\_\_\_Address 5879 Elm Date dated 11/13/40