

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18242

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 17003
City St. Louis, Mo. (No. City Hospital # 2)

File No.
Registered No. 5729.
St. Ward)

2. FULL NAME

Pauline McQuay
(a) Residence. No. 2647 Morgan (Usual place of abode) S. 21 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry McQuay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-24-1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	44	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Day-work unknown
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Isaac Hubbard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Maria Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT A. Gertrude Creath (Address) City Hospital # 2

15. FILED NOV 13 1930 Max C. Hankley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-30-1930

17. I HEREBY CERTIFY, That I attended deceased from 4-7-1930 to 5-30-1930 that I last saw her alive on 5-30-1930 and that death occurred, on the date stated above, at 6:10 Am.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
431
(duration) 1 yrs. - mos. - wks.

CONTRIBUTORY (SECONDARY) NO
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. Gertrude Creath, M. D.
5/31/1930 (Address) 2945 Lawton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Potters Field DATE OF BURIAL 6/14 1930

20. UNDERTAKER Peoples Und. Co. ADDRESS 3100 Franklin

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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