

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

Do not use this space.

41569

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City University City (No. 1071<sup>st</sup> Pennsylvania Ave)

Registration District No. 1160  
Primary Registration District No. 4470

File No. \_\_\_\_\_  
Registered No. 125  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1071<sup>st</sup> Pennsylvania St. Ward. University City Mo  
(Usual place of abode)

University City Mo  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M Quigley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 4 70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N. Neph 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

13. NAME Wm F Shields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

15. MAIDEN NAME Elizabeth Stevenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) Gas M Quigley  
1071<sup>st</sup> Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Iron DATE 17/27 1932

19. UNDERTAKER (ADDRESS) Louis M Bopp  
Kirkwood

20. FILED Dec 27 1932 Lena V. Moeller  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1932

22. I HEREBY CERTIFY, That I attended deceased from morning 1932, to Dec 24 1932

I last saw him alive on Dec 21/32, 19..... Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage

Other contributory causes of importance:  
High blood pressure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) Geo M Park M. D.

(Address) 870 Hamiet

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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