

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

Do not use this space.

3884

**1. PLACE OF DEATH**

County St. Louis Registration District No. 70L  
 Township St. Louis Primary Registration District No. 1000  
 City St. Louis (No. St. Paul Hospital) File No. 283  
 Registered No. 283 St. 6 Ward 6

**2. FULL NAME**

(a) Residence, No. 5749 Genesly Ward 6  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use this word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF Patrick J. Quire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1873

7. AGE YEARS 60 MONTHS 3 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) St. Louis Mo.

FATHER 13. NAME Thomas Quire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Quire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Belle Murphy

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan 10, 1933

19. UNDERTAKER (ADDRESS) Max Esterlitzky

20. FILED Jan -9 1933

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to Jan 7, 1933.  
 I last saw her alive on Jan 5, 1933. Death is said to have occurred on the date stated above, at 9:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Sixteen months  
59  
1933  
59  
 Other contributory causes of importance:  
Myocardial Chronic

Name of operation ----- Date of -----  
 What test confirmed diagnosis? ----- Was there an autopsy? Yes

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? -----  
 If so, specify -----  
 (Signed) J. P. Quirey M. D.  
 (Address) 6989 Canton

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.

350  
1  
10  
10

Registrar.

