

NOV 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **10003**
City **St. Louis** (No. **3529^a Utah St.**) St. Ward)

34663

File No. **9136**Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. **3529^a Utah St.** St. **16** Ward.

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 (write the word) Widow		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwarda Quigley				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 - 1879				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	-	20	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home			
	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				
FATHER	13. NAME Adam Hornberger			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Margaret Heil			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT Edward A Quigley (ADDRESS) 3529^a Utah St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Culver DATE 11-1-1935				
19. UNDERTAKER Peetz Bros. (ADDRESS) 3029 Lafayette				
20. FILED OCT 31 1935 J. H. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	10-29	19 35
22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1935, to Oct. 29, 1935 I last saw her alive on Oct. 29, 1935 Death is said to have occurred on the date stated above, at 3:30 P. M. The principal cause of death and related causes of importance were as follows: Carcinoma of nose (ethmoid) (Basal cell) Date of onset 1925 Pan sinusitis 11/1/35 52		
Other contributory causes of importance: Acute Meningitis (pyogenic) 10/22/35		
Name of operation Curettement + radium Date of 9/1/35		
What test confirmed diagnosis? Microscopic 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) James H. Cummings , M. D. (Address) 220 Metropolitan Bldg.		

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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