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.

ECO NOV 16 1938

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

34216
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis.
Registration District No. 791
Primary Registration District No. 1003
Registered No. 9202
(d) Street No. Desloge Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 240
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Quigley.
(a) Residence, No. 3744 Page Blvd. St. 11
(Usual place of abode, if no street address, write county or city)
(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: James Quigley.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 24, 1858.
7. AGE: YEARS 80 MONTHS 5 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as 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): Ireland. 5

FATHER
13. NAME: John Sadlier.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 5

MOTHER
15. MAIDEN NAME: Mary Cavanaugh.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 5

17. INFORMANT (ADDRESS): Anna Quigley. 3744 Page Blvd.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 10-26 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Arthur J. Donnelly. 3840 Lindell Blvd.
20. FILED OCT 24 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 22, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1938 to Oct 22, 1938
I last saw her alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 3:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	Uncertain
Arteriosclerosis of Coronary Arteries	
Fourth Acute Occlusion	10/15/38

Other contributory causes of importance:
Chronic Cholecystitis, no stones — Uncertain

Name of operation History & Physical Exam 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: No
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) G. O. Brown, M. D.
(Address) 1325 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Linwell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.