

No. 2
17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Missouri
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 Days
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Francis L. McQuaide **230**
3. (b) If veteran, name war None **3. (c) Social Security No.** None

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased: June 21 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>1</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: UNEMPLOYED

12. Name: William McQuaide

13. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Cora Tayon

15. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: John McQuaide
(b) Address: 2724 Meramec st.

17. (a) Burial **(b) Date thereof:** Aug. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olive Cemetry

18. (a) Signature of funeral director: C. Hoffmeister Sr. - Z. Q.
(b) Address: 7814 S. Broadway

19. (a) AUG 12 1940 **(b)** J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 7822 Reilly ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th,
 year 1940 hour 3:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from July
22nd, 1940 to August 10, 1940;
 that I last saw h im alive on August 10, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pulmonary tuberculosis
Chronic nephritis
 Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None.
 Of autopsy None.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)
 (e) Means of injury 1

23. Signature: James T. Muffly (M. D. or other)
 Address 1518 Lafayette Date signed 8/10/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Linus E. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broad

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

If this body is not embalmed, fact should be so stated above.