

FILED FEB 1 1944  
318

State File No. ....  
774  
Registrar's No. ....

Registration District No. .... Primary Registration District No. 1003

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Delphine McQuie

3. (b) If veteran, name war.....  
None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife James McQuie

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 17 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>7</u>	<u>5</u>	hr. .... min.

9. Birthplace Webster Groves Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Arthur Mittelberg

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

14. Maiden name Amelia Savignac

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

16. (a) Informant Walter McQuie

(b) Address Montgomery City, Mo.

17. (a) Burial (b) Date thereof 1-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 25 1944 (b) J. F. Biedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")

(d) Street No. 406 Central Pl.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
 year 1944 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from Sept 9 Jan 2  
1921 1944 to Jan 21 1944;

that I last saw her alive on Jan 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hemolytic anemia, acquired - etiology unknown; Duration 1 yr.

Due to.....

Due to..... 124

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

PHYSICIAN

Major findings:  
 Of operations.....

Of autopsy Hepatomegaly, Splanchnic

Underline the cause to which death should be charged statistically.

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?.....

23. Signature A. E. Tetterig and B. J. Tausig M. D. or other M.D.  
(Specify type of place) (e) Means of injury

Address 4500 Olive St. Date signed 1-25-44

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**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

*John Agonishi*

.....  
..... Licensed Embalmer No. *3398*

P. O. Address.....

**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.**