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

24842

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16670

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4563

1. PLACE OF DEATH:
(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(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 1 Mo-4 days
(Specify whether In this community years, months or days)

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. 3633 Connecticut St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Silas John Quigley

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mary Quigley 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug. 9, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	9	7	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business City of St. Louis

MOTHER FATHER
12. Name Patrick Quigley
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Shaw
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Quigley
(b) Address 3633 Connecticut St.

17. (a) Burial (b) Date thereof 5/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 S. Grand

19. (a) MAY 17 1944 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1944 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 12th
19 44 to May 16th 19 44
that I last saw him alive on May 16th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of buccal mucosa
and left mandible
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations same
Of autopsy same
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?
While at work? (Specify type of place)
(e) Means of injury
Signature W. J. Verda (M. D. or other)
Address 1515 Lafayette Date signed 5/16/44

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.....

Howard J. Coulson

Licensed Embalmer No. *3114*

P. O. Address. *St. Louis, Mo*

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.