

FILED JUN 7 1945

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 1051

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-503 Warren Avenue /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶
(c) City or town University City ³
(If outside city or town limits, write "RURAL")
(d) Street No. 503 Warren Avenue ⁵
(If rural, give location)
(e) Citizen of foreign country? No ⁰ (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LAURA JANE McQUISTON

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 widowed
6. (b) Name of husband or wife James W. McQuiston 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased January 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 3 20 hr. min.

9. Birthplace Paris Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name David Rigden /
13. Birthplace Sydney Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Ann Rebecca Garsuch /
15. Birthplace Dayton Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mabel McQuiston
(b) Address 503 Warren Ave., U. City
17. (a) burial (b) Date thereof 5-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Carmel Blv'd., St. Louis

19. (a) NA 7 1945 (b) E. B. McQuiston
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1945 hour 9:35 minute A. M.

21. I hereby certify that I attended the deceased from 5- 44 to 5-3-45, 19...
that I last saw her alive on 5-3-45, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arterial sclerosis General

Due to 930
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
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
23. Signature E. B. McQuiston (M. D. or other)
Address 3833 Washington Date signed 5-5-45

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

Dr. Guy Stimpson
3833 Washington Blvd. d.
JE-7207

JUN 17 1945

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: Bradford A. Miles
Licensed Embalmer No. 2901

P. O. Address: University City, W.

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.