

S. No. 2
M-5-43
y. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18805**
Registrar's No. **4571**

FILED MAY 31 1946
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(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:
Alexian Brother's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME **James C. Quigley**

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 **Widowed**

6. (b) Name of husband or wife **Margaret Quigley**

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

7. Birth date of deceased **November 4, 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	6	16	hr. min.

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

10. Usual occupation **Retired Grocer**

11. Industry or business _____

12. Name **Patrick J. Quigley**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Nellie Shaw**

15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. James C. Quigley Jr.**

(b) Address **6126 Louisiana**

17. (a) **Burial** (b) Date thereof **5-22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.**

19. (a) **MAY 21 1946** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **6126 Louisiana**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20th**
year **1946** hour **1** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **May 13**, 1946 to **May 20**, 1946
that I last saw him alive on **May 20**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute heart failure** Duration **4 1/2 hrs**

Due to **Chronic Myocarditis** **1 month**

Due to **Generalized arteriosclerosis** **5 yrs**

Other conditions **Paralysis (Brain)** **2 1/2 hrs**
(Include pregnancy within 3 months of death) **Right arm**

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **93**

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)

(c) Means of injury _____

23. Signature **Trupper Phelps MD** (M.D. or other) **MD**

Address **3433 Deland** Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1946

T.
Dr Blumpe
3933 S Grand
Lo 4600

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.....
..... Licensed Embalmer No. 3653
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.