S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0

Registration District No. 367 Primary Registration District No. 6076 Registrar's No. 3059

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Hill Crest
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
51 Aberdeen
(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 Mo. (b) County St Louis 76
(c) City or town Hill Crest 0
(If outside city or town limits, write "RURAL")
(d) Street No. 51 Aberdeen 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Mary Mc. Auliffe
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Florace
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 21 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	21	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation House
11. Industry or business Wife
FATHER
12. Name Jerimieh Quinlan
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Margaret Curtin
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Helen Mc. Auliffe
(b) Address 51 Aberdeen
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 Lindell
19. (a) 10-17-46 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 14, 1943, to Oct 12, 1946
that I last saw her alive on Sept 10, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	
Due to 93d	
Due to	
Other conditions Senility (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature O.E. Williamson (M. D. ~~or other~~)
Address 6336 Clayton Road Date signed 10/17/46

(Licensed Embalmer's Statement on Reverse Side)

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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.