

No. 2  
-12-45  
5-17-39  
I X47070

FILED MAY 1 1947  
38 318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital, Max Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 0

3. (a) PRINT FULL NAME Julia Quigley

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 3rd 1871  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Quigley 4

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

14. Maiden name Catherine Rohan

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

16. (a) Informant James Quigley  
(b) Address 2528 University St.

17. (a) burial (b) Date thereof 4-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.  
APR 19 1947

19. (a) \_\_\_\_\_ (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
17

(c) City or town 2528 UNIVERSITY MISSOURI  
(If outside city or town limits, write "RURAL")  
9

(d) Street No. 2529 UNIVERSITY ST.  
(If rural, give location) 20

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1947 hour 10:07 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 3-8-47  
19\_\_\_\_ to 3-17-47 19\_\_\_\_

that I last saw her alive on 3-17-47 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cardiac decompensation

Arteriosclerotic heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senile psychosis  
(Include pregnancy within 3 months of death)

Major findings: Presbycophrenic

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 2nd

23. Signature Alvin H. ... (M. D. or other) 2nd  
Address 1515 Lafayette Date signed 4-18-47

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

---

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..... *Stanley Marshall* .....

Licensed Embalmer No. *2868* .....

P. O. Address *3840 Lindell Bl* .....

**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.**