

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15554
Registrar's No. 3678

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1910 Arlington Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Warren L. Quigley
3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-12-627

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline Quigley 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 12 11 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 25 hr. min.

9. Birthplace Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Floorman

11. Industry or business Jefferson Bank

12. Name unknown Quigley

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Pauline Quigley

(b) Address 1910 Arlington Ave.

17. (a) burial (b) Date thereof 4/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Drehmann-Herral

(b) Address 1905 Union Blvd.

19. (a) APR 7 1947 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6
year 1947 hour 5:25 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from _____, 1947, to apr 6, 1947;
that I last saw him alive on apr 6, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 1 hr.

Due to Hypertension Myocardia 2 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 D

23. Signature E. G. Vogel (M: D: or other) M. D.

Address 3325 8 Street Date signed 4-7-47

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

MOTHER FATHER

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 Albert P. Thompson Jr
Licensed Embalmer No. 4237
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.