S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36256
Registrar's No. 9314

FILED OCT 24 1947

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Kingsway Hotel
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Sharkey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles E Sharkey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4th (Day) 1865 (Year)

8. AGE: Years 82 Months 7 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Sol J. Quinlivan
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Finn
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Quinlivan
(b) Address Kingsway Hotel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) OCT 8 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th year 1947 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right hip; pulmonary embolism, when she stepped off a ramp on the 8th floor of Scruggs-Vandervoort & Barney, around 1:00 PM September 29, 1947.
Due to ACCIDENT.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9/29/1947
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Publi (Specify type of place)
While at work?
(e) Means of injury see above
23. Signature (M.D. or other)
Address Date signed 10/1/47

Jefferson City Printing Co.
(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.