

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1952

State File No.

318

1003

Registrar's No. 0778

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		REGISTRAR'S NO.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				2209		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2529 E. University St.				d. STREET ADDRESS 2529 E. University St.				20		
3. NAME OF DECEASED a. (First) James			b. (Middle) Bernard		c. (Last) Quigley		4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1952			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH Sept. 12, 1874		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 11		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Depty. Sheriff			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME James Quigley			13b. MOTHER'S MAIDEN NAME Catherine Rohan			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Miss Margaret Quigley, 2529 E. University St.				ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis/Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head</u>						
22. I hereby certify that I attended the deceased from <u>March 1946</u> , to <u>Jan 23, 1952</u> , that I last saw the deceased alive on <u>Jan 20, 1952</u> , and that death occurred at <u>8:30 PM</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Chas. Justice</u>				23b. ADDRESS <u>3500 N. Grand</u>			23c. DATE SIGNED <u>1-25-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 26, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. JAN 25 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			25. CORONER'S SIGNATURE <u>Arthur J. Donnelly</u>			ADDRESS 3840 Lindell Blvd.		

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St. Charles Mo

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.