

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10495**

**FILED APR 4 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **619**

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis,</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis,</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton, Mo.</b> |  | c. CITY OR TOWN <b>University City</b>  | d. Is Residence within limits of a city or incorporated town? Yes <b>XX</b> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>DOA</b>   |  | STREET ADDRESS (If rural, give location) <b># 5 Dellin Dr. 400 P 0</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute County, Hospital</b>                          |  |   |   |

|  |            |             |                          |  |
|--|------------|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <b>Katherine</b> | a. (First) | b. (Middle) | c. (Last) <b>Quigley</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 12, 1955</b> |
|--|------------|-------------|--------------------------|--|

|                      |                               |   |                                       |   |                        |                        |      |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> | 8. DATE OF BIRTH <b>July 28, 1889</b> | 9. AGE (In years last birthday) <b>66</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home,</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
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| 13a. FATHER'S NAME <b>Unknown) Kirby</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Unknown</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give year or dates of service) <b>Nil.</b> | 16. SOCIAL SECURITY NO. <b>Unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>J. M. Carney, Miami Beach Fla.</b> | ADDRESS |
|--|--|---|---------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |                                  | INTERVAL BETWEEN ONSET AND DEATH   |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Barbiturate (Tuinal) poisoning.</b>  |                                  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |                                  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>University City St. Louis Mo.</b> |
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|---|---|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Mar. 12, 1955 4:00 p.m.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>Self-ingested overdose of Tuinal tablets, which are a barbiturate</b> |
|---|---|---|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Arnold J. Willman</b> (Degree or title) <b>Coroner</b> | 23b. ADDRESS <b>Clayton, Mo.</b> | 23c. DATE SIGNED <b>3-16-55</b> |
|--|----------------------------------|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>3-16-55</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b> |
|---|--------------------------|--|---|

|  |   |  |                                 |
|--|---|--|---------------------------------|
| DATE REC'D BY LOCAL REG <b>3/15/55</b> | REGISTRAR'S SIGNATURE <b>Heber B. Romberg</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Harrigan-Sheahan</b> | ADDRESS <b>4700 Washington.</b> |
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(Licensed Embalmer's Placement on Reverse Side)

WRITE PLAINLY—USING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul A. Wacht*

Licensed Embalmer No. *478*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.