S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9373

FILED MAR 20 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2290

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: St Ann's Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5301 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Quigley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced S. 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 23rd., 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Robert Quigley
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Dillon Quigley
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Sister Louise
(b) Address 5301 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Calvary 3/10/44

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

19. (a) MAR 8 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th., year 1944 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from March 2, 1944 to March 8, 1944 that I last saw her alive on March 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration 1 wk

Due to Malignancy of Colon — not Known

Due to

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

Major findings: 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? (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Wm J. Langan Jr (M. D. or other)
Address 5803 Plymouth Av Date signed Mar 8/44

(Licensed Embalmer's Statement on Reverse Side)

5803 Plymouth Ave.

4-5-6

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.