S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 56339

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2304

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7280 Forsythe Blvd.
(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 Mo. (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7280 Forsythe Blvd. 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Alice R. Quigley
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife William H.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. 30th., 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	2	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business .....
FATHER
12. Name Peter McNamara
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Mary Dillon
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant Miss Mary McNamara
(b) Address 7280 Forsythe Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 11-4-47 (Date received local registrar) (b) Carl J. Sharp MD (Registrar's signature) MSL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd., year 1947 hour 1 minute 20 p. M.
21. I hereby certify that I attended the deceased from 5-1-47, 19..., to 11-2, 1947 that I last saw her alive on 11-2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus & ovary	2 yrs.
Due to Direct extension in pelvis to bowels, kidney & bladder	
Due to 4 yrs	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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) .....
(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) 0
While at work? ..... (e) Means of injury .....
23. Signature Leon Wenzick (M. D. or other) MD
Address 8212 N. Broadway Date signed 11-3-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 12 1948

8212a N.Broadway Co.7600

2-4

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 William 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.