

No. 2
-1/47
-17-39

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14562**
Registrar's No. **3999**

FILED MAY 7 1948 **318**
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 **3005 Lafayette Ave.**
(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.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3005 Lafayette Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Nellie C. Quigley**
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 **W.**
6. (b) Name of husband or wife **John A. Quigley** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **June 7th., 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 19 hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country) **Mo.**

10. Usual occupation **At Home**

MOTHER FATHER
11. Industry or business
12. Name **Richard Fitzgerald**
13. Birthplace **Ireland U**
(City, town, or county) (State or foreign country)
14. Maiden name **Bridget Mulligan**
15. Birthplace **Ireland U**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Richard E. Quigley**
(b) Address **3005 Lafayette Ave.**

17. (a) Burial (b) Date thereof **4-29-48**
(Burial, cremation, or removal) (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) **APR 29 1948** (b) **J. F. Brantley**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **26th.**
year **1948** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 29** to **Apr 26** 19**48**
that I last saw **her** alive on **Apr 24** 19**48**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death.....
Due to **Myocardial Infarction**
Cerebral Arterio Sclerosis
Due to **Secondary**
Other conditions (Include pregnancy within 3 months of death) **95**

PHYSICIAN
Major findings: Of operations.....
Of autopsy **no**
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?.....
While at work?..... (Specify type of place) (Means of injury)
23. Signature **Arthur J. Donnelly** (M. D. or other).....
Address **Calvary** Date signed **4-27**

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lincoln

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.