No. 300
10.48

FILED OCT 26 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35855

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9493

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: ST. LOUIS Mo
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI PACIFIC

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 3633 CONNECTICUT

**3. NAME OF DECEASED** (Type or Print)
a. (First): HAROLD
b. (Middle): JOHN
c. (Last): QUIGLEY

**4. DATE OF DEATH** (Month) (Day) (Year): OCT 19 1954

**5. SEX**: Male
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): SINGLE
**8. DATE OF BIRTH**: June 20 1905
**9. AGE** (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): TRACING CLERK
**10b. KIND OF BUSINESS OR INDUSTRY**: Mo. PACIFIC
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: SILAS J. QUIGLEY
**13b. MOTHER'S MAIDEN NAME**: MARY THOMSON
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 702-14-0352
**17. INFORMANT'S SIGNATURE OR NAME**: MARY QUIGLEY
ADDRESS: 3633 CONNECTICUT

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of Lung
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 ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 163X

22. *I hereby certify that I attended the deceased from* April *1954, to* Oct *1954, that I last saw the deceased alive on* Oct 19 *1954, and that death occurred at* 1:45 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: [illegible] (Degree or title): M.D.
**23b. ADDRESS**: Mo Pac hosp
**23c. DATE SIGNED**: 10-1954

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: OCT. 22 1954
**24c. NAME OF CEMETERY OR CREMATORY**: CALVARY CEM.
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS Mo.

DATE REC'D BY LOCAL REG.: OCT 19 1954
REGISTRAR'S SIGNATURE: Karl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Thomas Kutis
ADDRESS: 2906 Grand
(Licensed Embalmer's Statement 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Leo J. Budde

Licensed Embalmer No. 398

P. O. Address: Ames

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.