

# Certificate of Death

Certificate No. 7464

FILED

AUG 29 PM 12:37  
1. NAME OF DECEASED

Hugh

McQuillan

(Print or Type-write) First Name Middle Name Last Name Social Security Number

**PERSONAL PARTICULARS**  
(To be filled in by Funeral Director)

**MEDICAL CERTIFICATE OF DEATH**  
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State NEW YORK  
(b) Co. QUEENS (c) Post Office and Zone \_\_\_\_\_  
(d) No. 121-05-195 Ave. St. \_\_\_\_\_  
(If in rural area, give location).  
(e) Length of residence or stay in City of New York immediately prior to death LIFE

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

4 WIFE HUSBAND } of GLADYS NELSON McQUILLAN

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
SEPT. 15 1896

6 AGE 50 yrs. 11 mos. 11 days If LESS than 1 day, hrs. or min.

16 PLACE OF DEATH:  
(a) NEW YORK CITY: (b) Borough Queens  
(c) Name of Hospital or Institution Queens General Hospital  
(If not in hospital or institution, give street and number.)  
(d) If in hospital, give Ward No. 4 North  
(e) Length of stay at place of death immediately prior to death 5 mo. & 9 days

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
Aug. 26, 1947 | 11:30 AM

18 SEX Male 19 COLOR OR RACE White 20 Approximate Age 51

7 Occupations  
A Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. RETIRED BASEBALL PLAYER  
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. N.Y. GIANTS

21 I HEREBY CERTIFY that (~~I attended the deceased~~)  
(a staff physician of this institution attended the deceased)\*  
from March 17, 1947 to Aug. 26, 1947  
and last saw h. in alive at 11:30 AM on Aug. 26, 1947

8 BIRTHPLACE OF DECEDENT: (a) State NEW YORK  
(b) County \_\_\_\_\_ (c) City, Town or Village NEW YORK.

I further certify that death ~~was not~~ caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to **NATURAL CAUSES** more fully described in the confidential medical report filed with the Department of Health.

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U.S.A.

\* Cross out words that do not apply.  
† See first instruction on reverse of certificate.

10 WAS DECEDENT WAR VETERAN? IF SO, NAME WAR NONE

11 NAME OF FATHER OF DECEDENT JOHN McQUILLAN  
12 BIRTHPLACE OF FATHER (State or country) USA  
13 MAIDEN NAME OF MOTHER OF DECEDENT MARY MULACH  
14 BIRTHPLACE OF MOTHER (State or country) CONN.

Witness my hand this 26 day of Aug. 1947  
Signature Beatrice Katz M.D.  
Address Queens General Hospital

15 SIGNATURE OF INFORMANT Gladys H. Tederman RELATIONSHIP TO DECEASED COUSIN ADDRESS ARCADIA ST. SANDS PT. L.I.

22 PLACE OF BURIAL OR CREMATION CALVARY CEMETERY DATE OF BURIAL OR CREMATION Aug 29 1947

23 FUNERAL DIRECTOR THOMAS M. QUINN & SONS INC ADDRESS 3610 BWAY LIC. PERMIT NUMBER 1232