N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10894

File No. .....
Registered No. 2718

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. 3909 Bailey Ave St. ..... Ward)

2. FULL NAME Catherine McGuire

(a) Residence. No. 3909 Bailey Ave St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1919

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	7	29	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work — School —
(b) General nature of industry, business, or establishment in which employed (or employer) — — — — —
(c) Name of employer — — — —

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Eugene McGuire
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Catherine Lacey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa

14. INFORMANT Eugene McGuire
(Address) 3909 Bailey Ave

15. MAR 11 192 Mark B Harkoff
FILED ....., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1928 to Mar 9, 1928 that I last saw he was alive on Mar 9 1928, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
Secondary
7 (duration) ..... yrs. ..... mos. 2 ds.
10 TH
CONTRIBUTORY (SECONDARY) Measles
7 (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H Emmett Byrne M.D.
Mar 10, 1928 (Address) 3802 A Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery — DATE OF BURIAL Mar 12, 1928.

20. UNDERTAKER J. J. Lynch — ADDRESS 1532 N Grand Blvd