

JUL 27 1920

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

Do not use this space.

21721

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Normandy (No. 342)

Registration District No. 789Primary Registration District No. 603.3.B.

File No. _____

Registered No. 179

Ward _____

2. FULL NAMEEdward T. M. Guire

(a) Residence. No. _____ 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**Male**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)**Under 18**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

48--**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or
 particular kind of work

United States Army

(b) General nature of industry,
 business, or establishment in
 which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo**10. NAME OF FATHER**James B. M. Guire**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ills.**12. MAIDEN NAME OF MOTHER**Margaret Reagan**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo**PARENTS**

14.

INFORMANT
 (Address)

Anna M. Guire
Normandy Mo

15.

FILED

6/8 1928 Jolla Bracy M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 6 1928

17.

I HEREBY CERTIFY, That I attended deceased from June12, 1928, to June 6, 1928.

that I last saw him alive on June 6, 1928, and that
 death occurred, on the date stated above, at 10:15 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic ulcerative pharyngitis
23.5 submucous
Chronic
51 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Chronic
 (duration) 1 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? clinical(Signed) W. B. Kruger, M. D.June 7, 1928 (Address) 1109 E. 11th

*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Barbery
Arthur J. Donnelly 2039 Wash. St.
6-8 1928

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LAW

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.

Mr. F. W. ~~W.~~
1109 ⁰ Charles
St. N.