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.

21118

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hospital #1 St. ..... Ward)

File No. ..... Registered No. 5644

#2543

2. FULL NAME Kate Mc Guire

(a) Residence, No. 1481 Clara St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trained Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 217

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Cornelius Mc Guire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary Dwier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass.

17. INFORMANT Hospital information (ADDRESS) City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE S-S Peter - Paul DATE June 16, 1932

19. UNDERTAKER Benick - Niehaus (ADDRESS) 4138 Lindell

20. FILED JUN 15 1932 Clara C. Harden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1932, to June 13, 1932

I last saw h. alive on June 13, 1932. Death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
460	
460	
Intestinal Obstruction	

Other contributory causes of importance:

Name of operation Colostomy for obstruction Date of 5-13-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jeanne C. Johnson, M. D.

(Address) City Hospital #1