WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 27 1932

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

Do not use this space.

24044

File No. .....

Registered No. 349

96 1. PLACE OF DEATH

County St. Louis County Registration District No. 123

Township Mt. St. Rose Sanatorium Primary Registration District No. 248 E

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Loretto McGuckin

(a) Residence, No. 3135a North Sarah St., St Louis Mo. (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) Oct 31, 1910

7. AGE YEARS 21 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 253

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME John McGuckin

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

MOTHER

15. MAIDEN NAME Mary Curran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

17. INFORMANT (ADDRESS) Mt St Rose St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE July 26

19. UNDERTAKER (ADDRESS) Cullinan Bros N. Grand

20. FILED 7/25 1932 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1932

22. I HEREBY CERTIFY That I attended deceased from 11-20, 1931, to 7/23, 1932

I last saw her alive on 7/23, 1932 Death is said to have occurred on the date stated above, at 3:05 P.m.

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

	Date of onset
Pulmonary tuberculosis	
23A	

Other contributory causes of importance: ①

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Dr C Ehlers, M. D.

(Address) Mt. St. Rose Sanatorium