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

Do not use this space.

41230

JAN 24 1934

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City ..... (No. Rose Mary Lane - Romana Park ..... St. ..... Ward)

Registration District No. 333 784
Primary Registration District No. 6030

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

2. FULL NAME John J. Mc Guckin

(a) Residence (No. 4475 Labadie 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Mc Guckin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	11	12	

OCCUPATION

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

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

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) Cinncinatti Ohio

FATHER

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Mary Mc Guckin 4475 Labadie Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Calvary Cemetery DATE Jan 3 1934

19. UNDERTAKER (ADDRESS) Cullinane Bros. 1710 N. Grand, St.

20. FILED 1-10 1934 E. J. Harris Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-25- 1933, to 12-31- 1933

I last saw him alive on 12-31- 1933. Death is said to have occurred on the date stated above, at 4:50 P.M.

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

	Date of onset
Apoplexy	12-26-33
(Cerebral Hemorrhage)	
Arteriosclerosis	1920
Myocarditis Chr	1928

Other contributory causes of importance .....

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) Roy Johnson, M. D.

(Address) Ferguson Mo

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.