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

Do not use this space.

JUN 19 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18291

Township ..... Primary Registration District No. 1003 Registered No. 4764

City St. Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Margaret Maguire

(a) Residence, No. 2011 Woodsy Drive St., NR Ward. Brentwood 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/13/1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) St. Louis Mo

FATHER

13. NAME Edmund Cody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Michael Maguire
(ADDRESS) 2011 Woodsy Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 5/12/34, 19

19. UNDERTAKER Robert J. Amhrust Inc
(ADDRESS) 6633 Clayton Road

20. FILED MAY 20 1934 J. T. Biebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1st, 1934, to May - 9, 1934
I last saw her alive on May 9, 1934. Death is said to have occurred on the date stated above, at 2.30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4-1-34
82 E	
97	

Other contributory causes of importance:

Arteriosclerosis Chr.	—

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) J. Curtis Jr., M. D.
(Address) Frisco Bldg

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.

Dr J C. [illegible]
Frisco Bldg