

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

Do not use this space.

1. PLACE OF DEATH **SEP 16 1935**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St Louis Mo.** (No. **3640** **Rutger Street**) St. .... Ward)

File No. **27875**  
Registered No. **6928**

2. FULL NAME **Ann Maguire**  
(a) Residence, No. .... St., **18** 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 14**, 19**35**

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

22. I HEREBY CERTIFY, That I attended deceased from **August 1, 1934**, to **Aug 14**, 19**35**  
I last saw her alive on **Aug 13**, 19**35** Death is said to have occurred on the date stated above, at **6:30 a.m.**  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dont know**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. **70**

Chronic Myocarditis **5 yrs**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:  
**Arterio sclerosis** **10 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bellville ILL**

13. NAME **Wm Seibert**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Margaret Wilderman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Clair County Ill.**

17. INFORMANT **Miss C. Maguire**  
(ADDRESS) **4409 Olive Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **8-16-35**

19. UNDERTAKER **Thomas J. Finian**  
(ADDRESS) **1519 South Grand Blvd.**

20. FILED **Aug 14 1935** 19 **J. F. Bredeck**  
Registrar.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **710**

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? **710**  
If so, specify .....  
(Signed) **J. H. Simon**, M. D.  
(Address) **4000 Chouteau Av**

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.

Abt. 70  
2  
10  
6

