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.

APR 25 1936

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

Do not use this space.

18076

1. PLACE OF DEATH
County St Louis — Registration District No. 117C — File No.
Township Central — Primary Registration District No. 62484 — Registered No. 97
City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME John McGuire
(a) Residence, No. 4496 W Pine 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 9th 1863

7. AGE — YEARS: 73 — MONTHS: 0 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Portland Cement Co
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) Iowa

FATHER
13. NAME Patrick McGuire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Anna Healy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Loretta Martin 4496 W. Pine Bl

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 6th 1936

19. UNDERTAKER (ADDRESS) Arthur J Donnelly & Co 3840 Kinsell Ave

20. FILED April 5 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1936, to Apr 3, 1936
I last saw him alive on Apr 2, 1936 Death is said to have occurred on the date stated above, at 2.45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1-Acute Meningitis (Pneumococcal)	
2-Subacute otitis media (rt.) with Mastoiditis	

Other contributory causes of importance

Name of operation Mastoidectomy Date of Apr 1-36
What test confirmed diagnosis? — 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? No
If so, specify
(Signed) Lathusella M.D.
(Address) 415 Beaumont Bldg

3720 Washington
Je 5100
2 3/4 p.