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 1 1936

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

Do not use this space.

28094

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 6832

City St Louis Mo (No. St ANN'S HOME St. ..... Ward)

2. FULL NAME MARY McGUIRE

(a) Residence, No. 5301 Page Blvd. St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Femaje
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June I, 1864.

7. AGE: YEARS 72 MONTHS I DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HWF
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): Ireland.

FATHER

13. NAME: Daniel McCarthy.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

MOTHER

15. MAIDEN NAME: Johanna O'Connell.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT (ADDRESS): Delia Hasty, 5301 Page Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: July 8, 1936

19. UNDERTAKER (ADDRESS): J.J. Quinn. 1522 N. Grand Blvd.

20. FILED: JUL 7 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1935, to July 6, 1936

I last saw her alive on July 4, 1936. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

	Date of onset
1 Nephritis, Chronic Interstitial	?
2 Arthritis Chr. Hypertrophic	?
31	
Other contributory causes of importance:	
Myocarditis Chronic	?
Mitral regurgitation	?

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical + Laboratory 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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 5430 Southwest Ave