

APR 27 1937

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

Do not use this space.

13641

1. PLACE OF DEATH

County St. LouisRegistration District No. 1160

Township

Primary Registration District No. 4470City University City No. 7132 PERSHING.File No. _____
Registered No. 30 St. _____ Ward)2. FULL NAME JOHN S. MACUIRE(a) Residence, No. 2132 PERSHING 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

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

MARY SCULLY MACUIRE6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 25 1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

71223

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

RETIRED SALESMAN

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MO.

13. NAME

JOHN MACUIRE

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

IRELAND.

15. MAIDEN NAME

JULIA DAWSON

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

IRELAND.

17. INFORMANT

(ADDRESS)

MRS. MARY MACUIRE 2132 PERSHING.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

CALVARY.

DATE

Mar. 22 1937

19. UNDERTAKER

(ADDRESS)

LAWRENCE MULLEN 5165 DELMAR BLVD.

20. FILED

Mar. 20 1937Lewis V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 27 1934, to Mar. 18 1937I last saw him alive on Mar. 16 1937 Death is saidto have occurred on the date stated above, at 5:52 p.m.

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

Coronary infarct

Date of onset

March 18 1937

Other contributory causes of importance:

sclerosis of coronary arteries4-1934

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) P. Buchberger, M. D.(Address) 3147 S. Jefferson

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.

