APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 13704
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 57
City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mrs. Jennie Maguire
(a) Residence, No. St., Ward. Pacific, 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. 1 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: Benard Maguire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 29, 1866
7. AGE: 35 — YEARS: 69 — MONTHS: 10 — DAYS: 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): Feb. 1937
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Catawissia Missouri

FATHER
13. NAME: John Glassnier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris, France

MOTHER
15. MAIDEN NAME: Jennie Brennen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Anna Maguire, Pacific, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE 2/24/37, 19
19. UNDERTAKER (ADDRESS): Thiebes Funeral Home, Pacific, Mo.
20. FILED Feb. 24, 1937. Sane A. Bassett, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 21, 1937
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident. Struck by automobile while a pedestrian on a public highway	2/20/37
Other contributory causes of importance:	
Multiple fractures	2/25/37

Name of operation: None — Date of
What test confirmed diagnosis? Physical signs — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 2/20, 1937
Where did injury occur? Pacific, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury: Struck by Auto
Nature of injury: Traumatism & Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner St. Louis County

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.