

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

32761

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
 (b) Township Primary Registration District No.
 (c) City St. Louis, (d) Street No. 2834a Lyon St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howard McGuire

(a) Residence, No. 2834a Lyons St. St. 24 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Lucille McGuire
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1896.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
 300 10 19
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mover
 9. Industry or business in which work was done, as saw mill, bank, etc. Hrdlicka Moving Co.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 OCCUPATION

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

13. NAME Don't Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
 FATHER

15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
 MOTHER

17. INFORMANT Lucille McGuire (ADDRESS) 2834a Lyons St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE 9-22-37

19. FUNERAL DIRECTOR J. H. Kuppen (ADDRESS) 2842 Merameo St.

20. FILED Sept 21, 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-37

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 7:00 AM.

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

Chronic Nephritis
 Edema of Brain
 Edema of Lung
 Other contributory causes of importance:
 Cause unknown
 Date of onset
 131

Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify
 (Signed) Joseph M. Lunn, M.D.
 (Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)