

OCT 26 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

35316

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis(b) Township Clayton(c) City Clayton

(e) Length of residence in city or town where death occurred

Registration District No. 790Primary Registration District No. 6033a(d) Street No. St. Louis Co. Road

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3522. PRINT FULL NAME James C. McGarry(a) Residence, No. 475 Longfellow Drive.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## 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 OFViola McGarry6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1894.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.43114

OCCUPATION

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

Building Contractor

9. Industry or business in which work was done, as 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) Chicago  
(STATE OR COUNTRY)Illinois13. NAME Edward McGarry14. BIRTHPLACE (CITY OR TOWN) Columbus  
(STATE OR COUNTRY)Ohio15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)Illinois17. INFORMANT Viola McGarry(ADDRESS) 475 Longfellow Drive, Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Laurel Hill Cem. DATE Sept. 25, 193719. FUNERAL DIRECTOR Jay B. Smith Funeral Home(ADDRESS) 7456 Manchester Ave, Maplewood, Mo.

20. FILED

9/24 1937 Dr. J. J. Squorelli

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 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 7:15 p.m.

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

Homicide by  
firearms (revolver) 9/21/37

Date of onset

Other contributory causes of importance:

Gun shot wounds (two) 9/26/37  
of neck severing spinal  
cordName of operation none

Date of.....

What test confirmed diagnosis Physical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9/21, 1937Where did injury occur? Manchester Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public PlaceManner of injury Shot with revolverNature of injury Gun shot wounds of neck24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John O. Cornell, M. D.(Address) Cover, St. Louis

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Howard F Rowland

Licensed Embalmer No. 3114

**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.)**