

OCT 26 1937

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

35382  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 1170  
 (b) Township Jefferson Primary Registration District No. 6248-H. Registered No. 191  
 (c) City Richmond Heights (d) Street No. St. Mary's Hospital 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 John T. Maguire  
 (a) Residence, No. 5522 Goethe Ave. St.  (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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Hannegan  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1847  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
90 2 10  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Woodworker  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 37, 19  
 22. I HEREBY CERTIFY, That I attended deceased from July 7 1934, to Sept 2, 1937  
 I last saw h..... alive on Sept 2 1937 Death is said to have occurred on the date stated above, at 8:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Semibility  
Cardio-Vascular-Renal Disease  
 Date of onset ?  
 Other contributory causes of importance:  
Bronchitis Pneumonia 8-28-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 13. NAME Maguire  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT Thomas J. Maguire  
 (ADDRESS) 5522 Goethe Ave.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary DATE 9/6/37, 1937  
 19. FUNERAL DIRECTOR W.A. Stock Und. Co.  
 (ADDRESS) 2117 E. Grand Ave.  
 20. FILED Sept. 2 1937 Sam. L. Bassett, M.D.  
 Local Registrar.

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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) J. M. Brown M.D.  
 (Address) 22867 Union Blvd.

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.

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J. M. Brown  
2863<sup>e</sup> N. Hannin

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

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 Frank A. Moore  
Licensed Embalmer No. 3041

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.)