

REC'D APR 1 1938

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

8879
Do not use this space.

1. PLACE OF DEATH

(a) County 9 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 2468
(c) City St. Louis (d) Street No. 4244 City Hospital No. 1 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

Lucy B. McGuigan 225
(a) Residence, No. 4244 Cleveland Ave St. 17
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/28/1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. School Teacher
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 Joseph S. McGuigan

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

15. MAIDEN NAME Emma F. Robison

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

17. INFORMANT Florence Lewinsky
(ADDRESS) 4244 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 3/15/38

19. FUNERAL DIRECTOR Robert J. Ambruster
(ADDRESS) 6633 Clayton Road

20. FILED 1938
J. P. Bredeck Local Registrar

No of Medical Certificate of Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/38 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 11:30 P.M. 19 Death is said

to have occurred on the date stated above, at

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

Self administered gas poison
her home at 4244 Cleveland

Other contributory causes of importance:
on March 13-1938 at about 11:20 P.M. Suicide

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? Suicide Date of injury 3/13, 1938

Where did injury occur? 5th home

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

Manner of injury Home

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert M. Ambruster, M.D.

(Address) 6633 Clayton Road

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.

I X12800

STATEMENT BY LICENSED EMBALMER

I, Edward J. Beckhard, Licensed Embalmer No. 2502

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

..... L. E.

No. 2502 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Edward J. Beckhard

Licensed Embalmer No. 2502

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.)