

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13134

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** **791 1003**

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City **St. Louis** (d) Street No. **2601** N Whittier St.

Life (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 **Harry McGuire 260**

(a) Residence, No. **4315 Kennerly** St. **11**

(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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 1, 1903**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

35 1 17

OCCUPATION 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. **Laborer**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** D

(STATE OR COUNTRY) **Missouri** 9

FATHER 13. NAME **Theodore McGuire** 9

14. BIRTHPLACE (CITY OR TOWN) **unknown** 0

(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mattie Taylor**

16. BIRTHPLACE (CITY OR TOWN) **Missouri**

(STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**

(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL

Washington Park Cem DATE 4-22 1938

19. FUNERAL DIRECTOR (NAME) **Buyer from Home**

(ADDRESS) **3704 Finney St**

20. FILED **APR 22 1938** **J. P. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 18** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **March 15** 19 **38** to **April 18** 19 **38**

I last saw h. **im** alive on **April 18** 19 **38**. Death is said to have occurred on the date stated above, **26:45p** m.

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

Lobar pneumonia

Date of onset **3/15/38**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis **clinical** 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) **W. L. Lewis**, M. D.

(Address) **2601 N Whittier**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Rouis V. Atkin

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Fin

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.)

If this body is not embalmed, above space should be left blank.