

DEPT NOV 16 1938

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

34119

Do not use this space.

791

1003

Registered No. 9105

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 4542 Forest Park Blvd. 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 James H. Maguire

(a) Residence, No. 4542 Forest Park Blvd. St. 12 (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 Cora Maguire

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. Unk. 1858

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate Dealer  
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) (STATE OR COUNTRY) St. Louis Mo.FATHER 13. NAME John Maguire14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. /MOTHER 15. MAIDEN NAME Catherine Hart16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio /17. INFORMANT John Maguire  
(ADDRESS) 4542 Forest Park Blvd.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Oct. 21, 193819. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly  
(ADDRESS) 3840 Lindell Blvd.20. Oct 19 1938 19 J. F. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1938 1922. I HEREBY CERTIFY, That I attended deceased from 6/1/ 1936, to Oct 19 1938I last saw him alive on Apr. 1938 Death is said to have occurred on the date stated above, at 2 AM

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

Coronary Thrombosis Date of onset 1 day  
Myocarditis etc.  
Other contributory causes of importance:  
General Arteriosclerosis 10 yrs

Name of operation ..... Date of .....  
What test confirmed diagnosis? Spec. Was there an autopsy? no23. 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? noIf so, specify John H. Deane M. D.  
(Signed) 816 Metropolitan Bldg  
(Address)

**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

*Stanley Marchlewski*

Licensed Embalmer No. *2868*

P. O. Address *3840 Hurdell*

**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.**