

WRITE FULLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

REC'D AUG 11 1939

Registration District No. 791 Primary Registration District No. 1003 State File No. 6036 Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 3945 Juniata Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME 260 WILLIAM MAGUIRE, SR.

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Katherine Maguire 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 15, 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business _____

12. Name Isaac Maguire

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. Maguire, Jr. - Son

(b) Address 3945 Juniata, St. Louis, Mo.

17. (a) Burial (b) Date thereof July 10, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Hoffmeister & LPO
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) 8 1939 (b) J.P. Brudich
(Date, if local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3945 Juniata Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1939 hour 2 minute 15 A M.

21. I hereby certify that I attended the deceased from 4-7-39
to 1939; to 7-8 1939;
that I last saw him alive on 7-7 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? L.V. Garo (Specify type of place) (a) Means of injury _____

23. Signature L.V. Garo (M. D. or other) _____
Address 2267 77th Avenue Date signed 7-8-39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

2767 Rank

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 *Edwin H. Lehniger*

Licensed Embalmer No. *4549*

P. O. Address *6464 Chippewa*

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.