

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 784 Primary Registration District No. 200

Registrar's No. 2170

1. PLACE OF DEATH:  
 (a) County St. Louis County  
 (b) City or town Lemay  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mt. St. Rose  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 1/2 mo.  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME 26<sup>th</sup> McGuire, Eliza  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W.  
 6. (a) Single, widowed, married, divorced married  
 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased Nov. 8 1908  
 (Month) (Day) (Year)

8. AGE: Years 38 Months 1 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Splittart  
 13. Birthplace MISSOURI  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Sara Shelby  
 15. Birthplace MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature RAYMOND M<sup>o</sup> GUIRE  
 (b) Address 7147 KENSINGTON AVE

17. (a) REMOVAL (b) Date thereof 12-11-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ALBION, ILL.

18. (a) Signature of funeral director ALBERT H HOPPE  
 (b) Address 4700 WASHINGTON AVE

19. (a) DEC 10 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis Co.  
 (c) City or town Maplewood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7147 Kensington, Maplewood  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10<sup>th</sup>  
 year 1939 hour 2 minute 40 M.  
 21. I hereby certify that I attended the deceased from Oct. 26 1938  
 to Dec. 10<sup>th</sup> 1939  
 that I last saw her alive on Dec. 10<sup>th</sup>  
 and that death occurred on the date and hour stated above.

Immediate cause of death Fae adv bilat Palm the 4 yrs.  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to 23  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Fae advanced pulm the 4 yrs.  
 Underline the cause to which death should be charged statistically

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Bernard C Bauman (M. D. or other) \_\_\_\_\_  
 Address 9101 So Broadway Date signed 12-10-39

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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.....

*Guy W Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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.**