DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8845

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2328

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community At Home 2116 A Delmar (Specify whether years, months or days)

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. 2116 A DELMAR (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME GEORGE MCGUIRE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife LEXAHA

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased 11 (Month) 24 (Day) 1874 (Year)

8. AGE: Years 65 Months 3 Days 13 If less than one day ____ hr. ____ min.

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

10. Usual occupation Common Laborer

11. Industry or business ____

FATHER 12. Name GEORGE MCGUIRE

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

MOTHER 14. Maiden name LUCINDA BULLOCK

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

16. (a) Informant's own signature Mrs Anne McGuire

(b) Address 2116 A DELMAR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation FARTHER DICKSON

18. (a) Signature of funeral director G W BRUCE

(b) Address 1003 N. GARRISON AVE.

19. (a) MAR 9 1940 (Date received local registrar) (b) ____ (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1940 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 3, 1939, to March 7, 1940 that I last saw him alive on March 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature N. Moore (M. D. or other)

Address 1418 Franklin Date signed 3 8 40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 6-17-39 I X19511

WRITE PLAINLY—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.

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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 3506 Franklin Ave

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.