S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13122

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3324

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3927 McRee
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward McGuire 260

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary McGuire

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 17 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Day 24 If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name John McGuire
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Gerety
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mary McGuire
(b) Address 3927 McRee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/40
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schnur
(b) Address E.J.Schnur 3125 Lafayette

19. (a) APR 11 1940 (Date received by registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10, year 1940 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from April 8, 1940, to April 10, 1940, that I last saw him alive on April 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy yes	

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 E. Rhews (M. D. or other)
Address 1515 Lafayette, Date signed 4/10/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3625 Lafayette 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.