

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. none
(Specify whether
In this community. life
years, months or days)

3. (a) PRINT FULLNAME. EVADINE JEAN MCGUIRE
3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex. female / 5. Color or race. white 6. (a) Single, widowed, married, divorced. single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. February 19, 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 0 12 hr. min.

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

10. Usual occupation. student

11. Industry or business.

12. Name. Virgle McGuire

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

14. Maiden name. Ann Butler

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

16. (a) Informant. Virgle McGuire
(b) Address. 1219a Sullivan Avenue

17. (a) Removal (b) Date thereof. March 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Valier, Illinois

18. (a) Signature of funeral director. A.W. McLaughlin
(b) Address. 2301 Lafayette Avenue
19. (a) MAR 4 1941 (b) J. H. Bredek
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. 000
(c) City or town. St. Louis 2617
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1219a Sullivan Avenue
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month. March day. 3
year. 1941 hour. 04 minute. 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death. Fracture of skull
Internal hemorrhage from operation
of spleen & lung which were
done about 4 weeks before death
Removal of spleen & lung
done by Dr. Mueller at a private
hospital operated by Joseph
Wright of Route 2969 No. 134
St. Louis about 4/10/1940
Other conditions. None
(Include pregnancy within 3 months of death)
3/1941

Major findings:
Of operations. 170 C
Of autopsy. 210 A

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). Accident
(b) Date of occurrence. Mar 3 1941
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No Public Place
(Specify type of place)
While at work. No (e) Means of injury. Bus

23. Signature. Alfred Perry (M. D. or other)
Address. 1219a Sullivan Avenue Date signed. 3/4/41

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

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

L. D. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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, fact should be so stated above.