No. 2
-1-4-41
-17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26995

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6787

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:
Hampton & Juniata St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution In Route to City Hosp #1 (Specify whether
In this community 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5024 Christy Blvd.
(If rural give location)

(e) Citizen of foreign country? No Attending Physician (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Bernard Maguire.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 17, (Day) 1894 (Year)

8. AGE: Years 47 Months 1 Days 3 If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name James Maguire.
13. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary E. McCarthy.
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Margaret Maguire.
(b) Address 5024 Christy Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) AUG 21 1941 (Date received local registrar) (b) J M Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th.
year 1941 hour 4 minute a 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. Subdural Hemorrhage. Internal Hemorrhage from Laceration of Left Lung when he was found under the Duel Wheels of a Transport Truck. Operated by Glenn Ward Six. at Juniata and Hampton ave about 3 55 am

Due to

Due to

Other conditions (Include pregnancy within 6 months of death)

Aug 20-1941

Major findings:
Of operations

Of autopsy Pending

Duration

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 Aug 20-1941
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F Callanan (M. D. or other)
Address Deputy Coroner Date signed 8/21/41

(Licensed Embalmer's Statement on Reverse Side)

Coroners Office

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.