No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37064

State File No. 9294

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

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

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: 2710 S. Grand Bl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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
(If outside city or town limits, write "RURAL")

(d) Street No. 2710 S. Grand Bl.
(If rural, give location)

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

3. (a) PRINT FULL NAME Auralia C. McGuffin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wilbur L. McGuffin

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

7. Birth date of deceased Feb. 22, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	8	27	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Bruce Clark
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Lottie Taylor
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant Wilbur C. Mc Guffin
(b) Address 2710 S. Grand Bl.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation Louisville, Ky.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) NOV 24 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1941 hour 7 minute 50 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

Due to Alcoholism

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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 5

23. Signature James J. Fitzsimmons (M.D. or other) Coroner
Address 1300 Clark Ave. Date signed 11/20/41

(Licensed Embalmer's Statement on Reverse Side)

929A

929A

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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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

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