. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32200

Registrar's No. 9191

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL 0 (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 Illinois (b) County St. Clair

(c) City or town Caseyville (If outside city or town limits, write "RURAL") NR

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

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

If yes, name country 2

3. (a) PRINT FULL NAME James Edward McGuire

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 Married 2

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

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Jan. (Month) 25th (Day) 1910 (Year)

8. AGE: Years 32 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Murphysboro, Ill. (City, town, or county) / (State or foreign country)

10. Usual occupation Instrument Mechanic

11. Industry or business

FATHER
12. Name Harry McGuire
13. Birthplace Murphysboro, Ill (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Williams
15. Birthplace Murphysboro, Ill. (City, town, or county) / (State or foreign country)

16. (a) Informant Bessie McGuire

(b) Address Caseyville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) NOV 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1942 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from October 16th, 1942, to October 31st, 1942 that I last saw him alive on October 31st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Hodgkins Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Infiltrative Massing thoracic viscera & spleen

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

23. Signature Earl W. Sutherland Jr (M. D. or other) M.D.

Address BARNES HOSPITAL Date signed 10-31-42

(Licensed Embalmer's Statement on Reverse Side)

1916

1916

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. 2971

P. O. Address.....

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.