

FILED OCT 21 1942

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **8504**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4933 West Pine Blvd. /  
(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)

3. (a) PRINT FULL NAME Sophia Koebbe McGuire

3. (b) If veteran, name war.....  
3. (c) Social Security No. 497-20-1984

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Nathaniel McGuire  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 13, 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 28  
If less than one day hr. min.

9. Birthplace Unknown, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady, Columbia Oil Co.

11. Industry or business.....

12. Name Unknown Koebbe

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Leslie T. McGuire

(b) Address 4933 West Pine Blvd.

17. (a) Cremation (b) Date thereof 10-13-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) OCT 14 1942 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4933 West Pine Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th  
year 1942 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 8/26/42  
..... 19..... to 10/11/42 19.....  
er 10/10/42 19.....  
that I last saw h..... alive on.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon  
Duration unable to say

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Peter Beck (M. D. or other)  
Address 4701a St. Louis Ave. Date signed 10/12/42

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

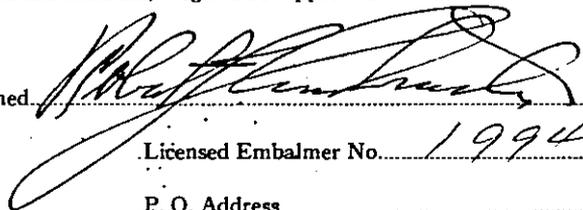
MOTHER FATHER

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**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. 1994.....  
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.**