

S. No. 2
M-5-42
5-17-39
X32873

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

FILED DEC 10 1942
Registration District No. 2884

Primary Registration District No. 115

Registrar's No. 2438

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
904- 64th, St.
(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 Mo. (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL.")

(d) Street No. 904- 64th St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Harriett McGuire.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1942 hour 4.55 minute P.M.

21. I hereby certify that I attended the deceased from 19.38
19..... to Nov 21 19.....
that I last saw h. er alive on Nov 21 19.....
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased March 17, 1861.
(Month) (Day) (Year)

Immediate cause of death apoplexy 2nd
Chr. Myocarditis
Chr. Hypertension

Duration 5 days

8. AGE: Years Months Days If less than one day

81 8 4 ..hr.min.

Due to Chr. Myocarditis
Chr. Hypertension

Due to.....

Other conditions Chr. Voc. Pneu. Dis.
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Thomas Maguire

13. Birthplace Ireland /
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Welsh

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

Major findings: none

Of operations.....

Of autopsy none 1310

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant William Harvey

(b) Address 904-- 64th. St.,

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?.....

17. (a) Burial (b) Date thereof Nov. 24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark
1125 Hodiamont Ave.,

(b) Address.....

19. (a) NOV 23 1942 (b) E. H. Mc Loren MD
(Date received local registrar) (Registrar's signature)

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

23. Signature Quinn Shanley MD (M. D. or other)
Address 6145 Partman St. St. Louis Date signed 11/23/42

Dr. Q. McShane

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.....

[Handwritten Signature]

Licensed Embalmer No. *3225*

P. O. Address. *1125 Hadamont*

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.