

JAN 21 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **387**

1. PLACE OF DEATH: **St. Louis, Missouri**

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis**

(c) Name of hospital or institution: **City Sanitarium 2**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1mo. 4dys.**

In this community **About 71 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **12 6**

(c) City or town **St. Louis**

(d) Street No. **5158 Easton Ave** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JAMES MAGUIRE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **single**

6. (b) Name of husband or wife **single** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **11-2-1871** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>2</b>	<b>11</b>	hr. _____ min.

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

10. Usual occupation **Policeman**

11. Industry or business \_\_\_\_\_

12. Name **Hugh Maguire**

13. Birthplace **Ireland 4** (State or foreign country)

14. Maiden name **Unknown** (State or foreign country)

15. Birthplace **Ireland 4** (State or foreign country)

16. (a) Informant **Frank J. Brennan**

(b) Address **5234 Pauline Place**

17. (a) **Burial** (b) Date thereof **1-15-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Galvaria**

18. (a) Signature of funeral director **Chas. F. Stuart**

(b) Address **1225 Union Blvd.**

19. (a) **JAN 14 1943** (b) **J. F. Bredeck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **13** year **1943** hour **5:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **12-9-42**, 19\_\_\_\_ to **1-13-43**, 19\_\_\_\_; that I last saw him alive on **1-13-43**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease (onset 12-9-42x)**

Due to \_\_\_\_\_  
Due to **Obesity 12-9-42x**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy **None**

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 **J. F. Bredeck** (M. D. or other) \_\_\_\_\_  
Address **300 Arsenal** Date signed **1-13-43**

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

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.....

*Ralph H Burnley*  
.....  
Licensed Embalmer No..... *4202*

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.**