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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3181

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 224

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution: St. Marys Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5858 Nina Place.
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie A. Maguire

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F. 5. Color or race W. / 6. (a) Single, widowed, married, divorced Widow. 2

6. (b) Name of husband or wife W. A. Maguire. 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 13, (Day) 1868. (Year)

8. AGE: Years 74 Months 8 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home.

11. Industry or business .....

FATHER
12. Name James Dunne.
13. Birthplace Canada. (City, town, or county) 2 (State or foreign country)

MOTHER
14. Maiden name Ellen Phelan.
15. Birthplace Canada (City, town, or county) 2 (State or foreign country)

16. (a) Informant Miss Lucille Maguire.
(b) Address 5858 Nina Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) JAN 29 1943 (Date received local registrar) (b) C. G. McGarvin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th. year 1943 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1943, to Jan 26, 1943, that I last saw her alive on Jan 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis left femoral artery	4 days
Due to Arterio-Sclerosis	10 yrs.
Due to	
Other conditions Carcinoma Colon (Include pregnancy within 3 months of death)	1 yr

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Major findings:
Of operations Resection 1/21/43 Ca Colon
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury ✓

23. Signature R. A. Kuesseller (M. D. or other)
Address 3720 Washington Date signed 1/27/43

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.