No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4498

Registration District No. 28

Primary Registration District No. 1003

Registrar's No. 1978

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1819 Longfellow Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 1819 Longfellow Blvd
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles J. Maguire

3. (b) If veteran, name war ********

3. (c) Social Security No. ********

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Henrietta Maguire

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 9 1866
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	18	hr. min.

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

10. Usual occupation Coal Dealer

11. Industry or business Self

MOTHER FATHER

12. Name John Maguire

13. Birthplace New York (City, town, or county) 1 (State or foreign country)

14. Maiden name Catherine Hart

15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Henrietta Maguire

(b) Address 1819 Longfellow Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAR 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day February year 1943 hour 1:00 minute a. m. M.

21. I hereby certify that I attended the deceased from Feb. 12 1940, to Feb. 27 1943; that I last saw him alive on Feb. 23 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis (Immediate)	
Due to: Coronary arteriosclerosis	3 yrs.
Due to: General arteriosclerosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Hiram L. Leggett (M. D. or other) M.D.

Address 3720 Washington Blvd Date signed 2/27/43

(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 Frank I. Owens

Licensed Embalmer No. 2245

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.