

FILED JUN 7 1943 318

Registration District No. \_\_\_\_\_ Primary Registration District No. **11003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: **St. John's Hospital**  
(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 **Illinois** (b) County **11**

(c) City or town **Alton** (If outside city or town limits, write "RURAL") **N.P.**

(d) Street No. **702 Union Avenue.** (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **2**

3. (a) PRINT FULL NAME **Wilma Maguire**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **George F. Maguire** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **March 27, 1893**  
(Month) (Day) (Year)

8. AGE: Years **50** Month **X** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Roby Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

12. Name **John Bustine**

13. Birthplace **Vienna Austria**  
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa Duden**

15. Birthplace **Vienna Austria**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George F. Maguire**

(b) Address **Alton, Illinois**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **5/20/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Alton, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 20 1943** (Date received local registrar) (b) **J. J. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19** year **1943** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **May 17, 1943** to **May 19, 1943** that I last saw her alive on **May 18, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Staphylococci septicaemia**

Due to **Probably enter myelitis**

Due to **Staphylococci septicaemia**

Duration **10 days**

Other conditions (Include pregnancy within 3 months of death) **154**

Major findings: Of operations **no operation**

Of autopsy **no 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 **Wm P Glennon** (M. D. or other) **0**

Address **Wm P Glennon** Date signed **5/20/43**

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

MOTHER FATHER

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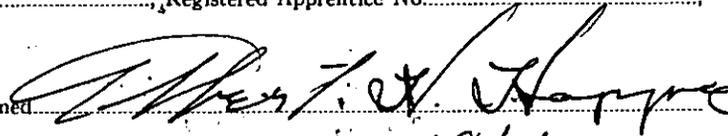
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**STATEMENT BY LICENSED EMBALMER**

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. 1861

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.**