

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40211

State File No. _____

FILED DEC 29 1943
Registration District No. 3123

Primary Registration District No. 1003

Registrar's No. 11116

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 814 Chambers St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Earl Ray McGuire

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th
year 1943 hour 4:45 AM minute 45 PM

4. Sex male

5. Color or race white

6. (g) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 1st, 1934
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>5</u>	<u>12</u>	hr. _____ min.

Immediate cause of death _____

Due to meningitis (eye infection)

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

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

10. Usual occupation _____

11. Industry or business: School

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Ray Earl McGuire

13. Birthplace McGuire Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lula Tucker

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

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? _____

16. (a) Informant Ray Earl McGuire

(b) Address 814 Chambers St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner U, Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 14 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (Specify type of place) _____ (e) Means of injury _____

Address 1309 East Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

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

Homer L. Ponder

Licensed Embalmer No.

2367

P. O. Address

2623 St. Louis Ave

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.