

FILED JUN 18 1946

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis mo.
(b) City or town St. Louis mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

Andrew McGuire

3. (b) If veteran, name war _____

3. (c) Social Security

No. 209-27-3370

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOUISE MCGUIRE 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased IAN (Month) 14 (Day) 1886 (Year)

8. AGE: Years 60 Months 4 Days 12 If less than one day hr. min.

9. Birthplace JEFFERSON CO. (City, town, or county) ILL. (State or foreign country)

10. Usual occupation SWITCHMAN

11. Industry or business RAIL ROAD

12. Name HENRY MCGUIRE

13. Birthplace JEFFERSON CO. (City, town, or county) ILL. (State or foreign country)

14. Maiden name TINNIE BUTLER

15. Birthplace JEFFERSON CO. (City, town, or county) ILL. (State or foreign country)

16. (a) Informant OPAL BORLAND

(b) Address CENTRALIA, ILL.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5-29-1946 (Month) (Day) (Year)

(c) Place: burial or cremation ELLENWOOD Cem, CENTRALIA, ILL.

18. (a) Signature of funeral director GARNIER FUNERAL HOME

(b) Address CENTRALIA, ILL.

19. (a) MAY 27 1946 (Date received local registrar) (b) J. F. Bredeed (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MARION 997
(c) City or town CENTRALIA (If outside city or town limits, write "RURAL")
(d) Street No. 434 CLINMAR AV (If rural, give location)
(e) Citizen of foreign country? (Yes or No) NR:2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month may day 26 year 1946 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 23 1946 to may 26 1946

that I last saw him alive on may 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to metastatic carcinoma of brain - primary site esophagus

Other conditions 1/10

Major findings: Of operations metastatic carcinoma of brain

Of autopsy Carcinoma of esophagus

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 Harriet W. Neilsen (D. or other) _____

Address Barnes Hospital Date signed 26 May 46

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..... *John Ketter*.....
Licensed Embalmer No..... *3880*.....
P. O. Address..... *St Louis Mo*.....

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.