

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week (Specify whether)  
In this community Life (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME

Anna E. McGuire

3. (b) If veteran,

name war No

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 Arthur B. McGuire 6. (c) Age of husband or wife if  
alive 50 years  
7. Birth date of deceased December 23, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 5 8 hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Albert Bader

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

14. Maiden name Unknown Seiling

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

16. (a) Informant Arthur B. McGuire

(b) Address 4320 Cranford Dr. Normandy, Mo.

17. (a) Burial (b) Date thereof June 4, 1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Calvin F. Fautz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUN 3 1946 (b) Registrar's signature J. D. Bredebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Normandy  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4320 Cranford Drive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st  
year 1946 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from 1943  
to 1946  
that I last saw him alive on May 31, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Trans. Colon

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following: no

(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 (c) Means of injury

23. Signature Chas. W. Miller (M. D. or other)

Address 4081 1st St. Date signed 6/11/46

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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..... *Ralph C. Linders*.....  
Licensed Embalmer No..... *4275*.....  
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.**