S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24702

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 111

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 834 Nathan (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 Missouri (b) County St. Charles
(c) City or town St. Charles (If outside city or town limits, write "RURAL")
(d) Street No. 834 Nathan (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John F. McGuire
3. (b) If veteran, name war NIL
3. (c) Social Security No. 498-22-2364
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Susie A. Schamma
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November 21 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Patrick McGuire
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Lenz
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mitchell & Chester McGuire
(b) Address St. Charles--Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove St. Charles, Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.
(b) Address 800 N. 2nd-St. Charles, Mo.
19. (a) July 4-46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from Feb 2 1945 to July 1st 1946 that I last saw him alive on June 2nd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Broken compensation — 1 day
Due to
Due to Chr. myocarditis — 2 yr.
Other conditions Gen. Arteriosclerosis — 10 yr.
(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 A. P. Erich Schulz M.D. (M. D. or other)
Address St Charles Mo. Date signed 7/9/46

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-11-46

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 Joseph I Landolt
Licensed Embalmer No. 4189
P. O. Address St Louis

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.