

S. No. 2
M-5-43
v. 5-17-39
X 3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8512
Registrar's No. 8512

FILED OCT 16 1946
318

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pro dead at City Hospital 3
(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 Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 911 Dover
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John R. McGuire

3. (b) If veteran, name war _____ 3. (c) Social Security No. 713-05-1409

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased December 16 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>9</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Collinsville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business _____

12. Name Alonzo McGuire

13. Birthplace Illinois
(State or foreign country)

14. Maiden name Mary Hart

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

16. (a) Informant Mrs. Mary McGuire

(b) Address 8106 S. Broadway

17. (a) Burial (b) Date thereof 10/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) OCT 3 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1946 hour 11:45 minute 45 P. M.

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.

Immediate cause of death _____
Coronary Occlusion
Coronary Sclerosis

Due to _____
9/4/46

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:

(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 3

23. Signature Patrick E. Taylor (Physician or other) _____
Address 1300 Clark Date Oct 3 1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

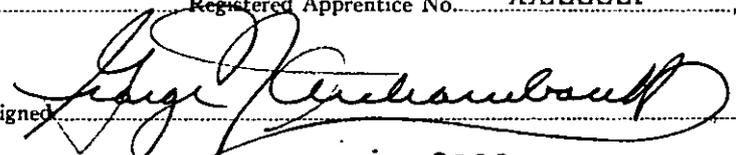
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 7128 Michigan 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.