

No. 300  
10-48

REC'D FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3538

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6876 Registrar's No. 30

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester  
 c. LENGTH OF STAY (In this place) 3 yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Mo  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield  
 d. STREET ADDRESS (If rural, give location) 1396  
1

3. NAME OF DECEASED  
 a. (First) May  
 b. (Middle) \_\_\_\_\_  
 c. (Last) MaGuill

4. DATE OF DEATH (Month) (Day) (Year)  
Jan 5, 1952

5. SEX, F  
 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify)  
widowed

8. DATE OF BIRTH 5/11/1862

9. AGE (In years last birthday) 90  
 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife

10b. KIND OF BUSINESS OR INDUSTRY  
at home

11. BIRTHPLACE (State or foreign country)  
Michigan

12. CITIZEN OF WHAT COUNTRY?  
U.W.

13a. FATHER'S NAME  
Ezra Nye

13b. MOTHER'S MAIDEN NAME  
Mas Virgil

14. NAME OF HUSBAND OR WIFE  
George MaGuill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
no

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS  
Mrs. Henry Wallace, Springfield, Mo.  
542 Delmar

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chr. Myocarditis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Genil arteriosclerosis  
 DUE TO (c) Senility  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
4221

20. AUTOPSY?  
 YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Jan 5, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE  
Chas Denny MD (Degree or title)

23b. ADDRESS  
Creve Coeur, Mo.

23c. DATE SIGNED  
1-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)  
removal

24b. DATE  
1/5/52

24c. NAME OF CEMETERY OR CREMATORY  
Utica Cemetery

24d. LOCATION (City, town, or county) (State)  
Utica, Michigan

DATE REC'D BY LOCAL REG. 1-5-52 REGISTRAR'S SIGNATURE  
Richard P. Tomke MD

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS  
Alexander & Sons, 6175 Delmar Bl.

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

**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.