

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18846

State File No.

FILED JUN 6 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1347

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hts.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>6162 Victoria Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>G.</u> c. (Last) <u>MAGUIRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>1875</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Owen Donahue</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Wallace</u>		14. NAME OF HUSBAND OR WIFE <u>Late Francis L. Maguire</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis L. Maguire Jr. 6162 Victoria</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the lack of being, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Volvulus of Colon</u> DUE TO (c) <u>Resection of Co of Rectum</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>			
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19a. DATE OF OPERATION <u>5-22-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Volvulus of Colon</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-8-52 to 5-22, 1952 that I last saw the deceased alive on 5-1, 1952 and that death occurred at 6:58A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Cassidy M.D.</u>		23b. ADDRESS <u>4052 Maryland</u>		23c. DATE SIGNED <u>5-23-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>5-23-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donha MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S.Kingshighway Bl</u>	
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APR 14 1932

APR 14 1932

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 *Edwin A. M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address _____

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 18846-52

State of Missouri }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 17th day of June, 1952 ~~###~~, before me appears.....

George W. Kriegshauser, who, upon his oath, states that the original record of ~~###~~ death
for Frances G. Maguire, ^{died} May 22nd, 1952, in the State of
Missouri, and which was filed at St. Louis Co. ~~###~~ on 23rd, May 1952, should be corrected as follows:

Item No. 8 should read Jan. 1, 1875

Instead of Jan. 1, 1882

Item No. 9 should read 77

Instead of 70

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief. **KRIEGSHAUSER MORTUARY**

(SEAL)

Affiant: Geo. Kriegshauser Undertaker
Relationship.

4228 S. Kingshighway Bl.
St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 17th day of June, 1952

My Commission expires June 21, 1955 Edward A. M. Bennett Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

