

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

35869

STATE FILE NUMBER

318

1003

9176

Registration District No. Primary Registration District No. Registrar's No.

|   |                                  |   |  |   |   |  |  |
|---|----------------------------------|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St Louis</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <b>St Louis</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>City Hospital</b>  |                                  |   | Length of stay in 1b   |   | STREET<br>ADDRESS <b>3133 Eads</b>                                  |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Marie Josephine Maguire</b>  |                                  |   |  | 4. DATE OF DEATH<br><b>Oct 5 1956</b>   |   |  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>July 24 1902</b>   |   | 9. AGE (In years last birthday)<br><b>54</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>St Louis Mo</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13. FATHER'S NAME<br><b>John Walsh</b>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Lulu Metz</b>  |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>490 36 0916</b>  |   | 17. INFORMANT <b>Husband</b><br><b>Robert Maguire 3133 Eads Ave</b> |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Intra-Ventricular hemorrhage (Apoplexy)</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>331x</b> |                                  |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |   |  |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____<br>a. m. _____ p. m. _____  |                                  |   |  |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY   | STATE  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at <b>9:39 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |   |   |  |  |
| 22a. SIGNATURE<br><b>James M Kelly</b> (Degree <b>Deputy Coroner</b> )  |                                  |   |  | 22b. ADDRESS<br><b>1300 Clark</b>   |   | 22c. DATE SIGNED<br><b>10-8-56</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>Oct 9 56</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St Louis Mo</b> |  |  |
| 24. FUNERAL DIRECTOR<br><b>E. J. Schnur 3125 Lafayette</b>  |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 8 1956</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>J. Earl Smith, md</b>                                |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
Signature of Student Embalmer

Signed *Thomas R. Benwick*

Licensed Embalmer No. *37*

P. O. Address *3125 Lyle*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.