

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ b. COUNTY _____
Mo. _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **City** c. LENGTH OF STAY (In this place) **4 y 5 mo 12 d** d. Is Residence within limits of a city or incorporated town? Yes No
City _____

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) e. STREET ADDRESS (If rural, give location)
26 St. Louis Chronic Hosp. **2770 #112 3927 McRee**

3. NAME OF DECEASED (Type or Print) a. (First) **Mary** b. (Middle) **Ellen** c. (Last) **Mc Guire** 4. DATE OF DEATH (Month) (Day) (Year) **8-21-57**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Widowed** 8. DATE OF BIRTH **1870** 9. AGE (In years last birthday) **86 3/4** 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 **Home** 11. BIRTHPLACE (City and State or Foreign Country) **East St. Louis Ill** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Stanton** 13b. MOTHER'S MAIDEN NAME **Mary Helen Hammond Feeney** 14. NAME OF HUSBAND OR WIFE **Edward McGuire**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs Helen Hammond** ADDRESS **3017 Lafayette**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) **1-18-57**
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **1 1/2 hrs.**
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **Arteriosclerotic Heart Disease** **4 yrs.**
DUE TO (c) **Generalized Arteriosclerosis** **4 yrs.**
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **420.0** 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) _____ 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 **2-9-1953** to **8-21-1957**, that I last saw the deceased alive on **8-21-1957**, and that death occurred at **4:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.** 23b. ADDRESS **5800 Arsenal** 23c. DATE SIGNED **8/22/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Aug 24 57** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Olive** 24d. LOCATION (City, town, or county) (State) **St. Louis Cty Mo.**

DATE REC'D BY LOCAL REG. **AUG 23 57** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **E.J. Schnur** ADDRESS **3125 Lafayette**

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.....
Signature of Student Embalmer

Signed.....
Jon B. Valence

Licensed Embalmer No. 4814

P. O. Address 325 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.