

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027203
State File No.

FILED AUG 6 1958

BIRTH NO. *1124-58* REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7287

1. PLACE OF DEATH a. COUNTY Stxxkxmx		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 6 hrs.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 24 St. Louis Children's Hospital 812a Wright St.			

3. NAME OF DECEASED (Type or Print) a. (First) Larry b. (Middle) Wyman c. (Last) McGuire		4. DATE OF DEATH (Month) (Day) (Year) July 24 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH 7/21/58
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months 3 Days	IF UNDER 24 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Claude Walter McGuire	13b. MOTHER'S MAIDEN NAME Drennen Malinda	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE AND ADDRESS B. Zimmerman 500 So. Kingshighway
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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 mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC STANDSTILL		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SMALL INTESTINAL Volvulus		
	DUE TO (c)		
	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 7562	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 **7/24/58**, 19**58**, to **7/24/58**, 19**58**, that I last saw the deceased alive on **7/24/58**, 19**58**, and that death occurred at **6:50A** m., from the causes and on the date stated above.

23a. SIGNATURE J. Karl Middleton	(Degree or title) M.D.	23b. ADDRESS Children's Hospital	23c. DATE SIGNED 7-24-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 25-1958	24c. NAME OF CEMETERY OR CREMATORY Herculanum Cemetery	24d. LOCATION (City, town, or county) (State) Herculanum, Missouri

DATE REC'D BY LOCAL HEALTH DEPT. JUL 25 58	REGISTRAR'S SIGNATURE J. Karl Middleton	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Leidner Und. Co 2223 St. Louis Ave/
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Patient transferred from Boonville Memorial Hospital the place of birth

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..... *Albert Marshall*

Licensed Embalmer No. *307*

P. O. Address *St. Louis*

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.