

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004351

FILED JY FEB 15 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 262 STATE FILE NUMBER

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 <u>ST Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Length of stay in 1b <u>2 DAYS</u>	c. CITY OR TOWN <u>PINE LAWN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Louis Co. Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6205 WESTER HOFF PL.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>McGUIRE</u> Last <u>McGUIRE</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>24</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/25/05</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COUNTY RECORDER</u>	11. BIRTHPLACE (City and state or country) <u>ST. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOHN Joseph McGuire</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET CUNIFF</u>		14. NAME OF HUSBAND OR WIFE <u>Louise E. McGuire</u>		
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 <u>Mrs. L. McGuire 6205 WESTER HOFF PL.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage, massive</u>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) <u>Hypertensive cardiovascular disease</u>						
DUE TO (c) <u>Atelectasis, complete, left lower lobe.</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Hour <u> </u> Month, Day, Year <u> </u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jan. 22</u> to <u>Jan. 24</u> and last saw ^{her} him alive on <u>Jan. 24, 1960</u> Death occurred ^{at} <u>9:26 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Charles H. [Signature]</u> (Degree or title)			22b. ADDRESS <u>601 S. Brentwood, Clayton 2, Mo.</u>		22c. DATE SIGNED <u>1-25-60</u>	
23a. PLACE OF BURIAL OR CREMATION <u>BURIAL</u>	23b. DATE <u>1/27/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. Louis Mo.</u>			
24. FUNERAL DIRECTOR <u>JOHN STICAR + SON</u>		ADDRESS <u>5541 RIVERVIEW BLVD</u>	25. DATE RECD. BY LOCAL REG. <u>1-26-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. M. Bristow

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.