

FILED VS. OCT 14 1960

318

Primary Registration District No. 1003

Registrar's No. 9561

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) ST LOUIS				Length of stay in 1b		c. CITY OR TOWN ST LOUIS				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 951 BELT				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last VERMONT M. MCGUIRE						4. DATE OF DEATH Month Day Year 9 . 27 . 60					
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3. 16. 1897		9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE				10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) COLORADO SPOGS. COLO		12. CITIZEN OF WHAT COUNTRY U. S. A			
13a. FATHER'S NAME DANIAL P. BROOKS				13b. MOTHER'S MAIDEN NAME BEVESTE HATTON				14. NAME OF HUSBAND OR WIFE WILLIAM G. MCGUIRE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. 524-09-9026		17. INFORMANT Address JAMES D. GATHRIGHT 951 BELT					
18. CAUSE OR DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Thrombosis of deep veins of legs. DUE TO (c) Hemiplegia and cerebral thrombosis										INTERVAL BETWEEN ONSET AND DEATH 2 hours ? 3 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic heart disease.							PART III. If deceased was female was there a pregnancy in last 90 days. 332x <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year									
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 Sept 26, 60 to Sept 27, 60 and last saw her/him alive on Sept 27-60 Death occurred at 7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Barnett L. Tausig M.D.						22b. ADDRESS 1641 S. Kingshighway.			22c. DATE SIGNED Sept 30, 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9-30-60		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		23d. LOCATION (City, town, or county) ST LOUIS COUNTY		23e. STATE MO			
24. FUNERAL DIRECTOR SWAN-MCGHEE UND. CO 1619 N				25. DATE RECD. BY LOCAL REG. SEP 30 1960		26. REGISTRAR'S SIGNATURE Paul Smith M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

O.K. *Paul Smith*
Sept 27, 1960

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 _____

Thomas M. Rabon

Licensed Embalmer No. 4479

P. O. Address 2705 M East St

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.