

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-031369
STATE FILE NUMBER

AMENDED Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2346

FILED AUG 28 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST LOUIS,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS,							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BISSELL HILLS		Length of stay in 1b years		c. CITY OR TOWN BISSELL HILLS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10236 CABOT DR.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10236 CABOT DR.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last MICHAEL E. McGUIRE				4. DATE OF DEATH Month Day Year Aug, 18, 1961							
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/11/1898		9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICES		11. BIRTHPLACE (City and state or country) IRELAND		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME JOHN McGUIRE			13b. MOTHER'S MAIDEN NAME MARY DONOHUE			14. NAME OF HUSBAND OR WIFE CATHERINE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address CATHERINE McGUIRE 10236 CABOT DR.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CACHEXIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARCINOMA of liver DUE TO (c) metastatic from CA left colon.										INTERVAL BETWEEN ONSET AND DEATH 2 months 2 years 2 years	
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 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 Jan 1960 to Aug 1 1961 and last saw her/him alive on 8-1-61 Death occurred at 6a m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Luigi Costello, MD (Degree or title)				22b. ADDRESS 100 N. Euclid				22c. DATE SIGNED 8-18-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8/21/61		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY				23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI			
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NAT'L BRIDGE ADDRESS				25. DATE RECD. BY LOCAL REG. 8-21-61				26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.			

*Opul Costello
Joanna Field
Counsellor*

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

M W Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis M

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.