N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

23381
Do not use this space.

6075

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ed McGuire 2 6 0
(a) Residence, No. 1125 N 9th St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 31, 1878
7. AGE: Years 59 | Months 6 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as saw mill, bank, etc.: unemployed
10. Date deceased last worked at this occupation (month and year): Unavailable
11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER
13. NAME: Ed McGuire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Winston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE July 8, 1938

19. FUNERAL DIRECTOR (NAME) Chas. D. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED JUL 7 1938 J. P. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 19 38

22. I HEREBY CERTIFY, That I attended deceased from June 23, 19 38, to July 5, 19 38
I last saw him alive on July 5, 19 38. Death is said to have occurred on the date stated above, at 8:50p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of inferior vena cava	6/23/38

100a

Other contributory causes of importance:
Pulmonary edema

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. J. Lymas, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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, ...

James A. Johnson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.