

LSB AUG 14 1939

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

25999
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 4-21
(b) Township Joachim Primary Registration District No. 5-5-75
(c) City Herculaneum Mo (d) Street No. _____ 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 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alex Charles DeGuire

(a) Residence, No. Herculaneum Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Mae DeGuire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec., 28, 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Lead Smelter
10. Date deceased last worked at this occupation (month and year) 43 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Missouri

FATHER 13. NAME Austin DeGuire

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Elizibeth Spanger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Cora M. DeGuire (ADDRESS) Herculaneum Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herculaneum Mo. DATE 7/17, 1939

19. FUNERAL DIRECTOR (NAME) Duester - Vinyard (ADDRESS) Festus Mo.

20. FILED 7/19 1939 E. Rutledge M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to July 15, 1939. I first saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis
Myocarditis

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

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? No If so, specify _____

(Signed) Ernest J. Semper M.D.

(Address) Herculaneum, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1-12-38 X16028

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,

H. S. Venzard

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

H. S. Venzard

Licensed Embalmer No. *3010*

P. O. Address *Jestus mo*

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