

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041914

STATE FILE NUMBER

10699

FILED NOV 21 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Chronic Hosp.</i>		d. STREET ADDRESS <i>3400 S. Grand</i>	
Length of stay in lb <i>14 mo.</i>		(If outside, give location) <i>2167</i>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <i>Albert</i> Middle <i>H.</i> Last <i>Mc Guire</i>		Month <i>11-6-58</i> Day Year	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 10, 1879</i>
9. AGE (In years last birthday) <i>79</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dishwasher</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>	11. BIRTHPLACE (City and state or country) <i>Va.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Uz Mc Guire</i>		13b. MOTHER'S MAIDEN NAME <i>Katherine (Unknown)</i>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>497-07-7816A</i>	
17. INFORMANT <i>A.J. Cannon</i>		Address <i>6130 Tennessee Ave.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>14 mo.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Generalized Arteriosclerosis</i>			<i>14 mo.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Perineal Abscess - Etiology Unknown - 14 mo.</i>			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.) <i>420.0</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 <i>9-12-57</i> , to <i>11-6-58</i> and last saw her/him alive on <i>11-6-58</i>		Death occurred at <i>12:15 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>John W. Beckham, M.D.</i>		22b. ADDRESS <i>5800 Arsenal St.</i>	
22c. DATE SIGNED <i>11/7/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>11-10-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Old Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Jackson, Missouri</i>	
24. FUNERAL DIRECTOR <i>Hoffmeister Colonial Mortuary</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 7 '58</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Bill E. Brunson* .....

Licensed Embalmer No. *4764* .....

P. O. Address *St. Louis* .....

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.