

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8866

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2946 Cass Ave 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2946 Cass Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CATHERINE J. McGuire  
3. (b) If veteran, \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th  
year 1941 hour 11 minute 30 P.M.  
21. I hereby certify that I attended the deceased from June  
1940 to Nov 7, 1941  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hugh J. McGuire  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased. March 11 1868  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Due to apoplexy Nov 7/41  
Due to hypertension June 1940  
Other conditions apoplexy  
(Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 7 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Birthplace St. Louis Missouri  
(City, town or county) (State or foreign country)  
Usual occupation Housewife  
Industry or business \_\_\_\_\_  
12. Name James Bumbery  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine  
15. Birthplace Ireland  
(City, town or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Hugh J. McGuire  
(b) Address 2946 Cass Ave  
17. (a) BURIAL (b) Date thereof. 11-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. CALVARY CEMETERY  
18. (a) Signature of funeral director SULLIVAN BROS  
(b) Address 2849 NORTH EUCLID AVE  
19. (a) NOV 8 1941 (b) J. P. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature J. P. Bredeck (If other) \_\_\_\_\_  
Address 535 7th Date signed Nov 7/41

WRITE PLAINLY IN UNFADING BLACK INK. MAKE A PERMANENT RECORD

MOTHER FATHER

116-116

Dr. Frank Thompson  
Humboldt, Ohio

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

Signed *Albert Mayfield*

Licensed Embalmer No. *3037*

P. O. Address *Harris 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, fact should be so stated above.**

26637

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 2866

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

for Catherine J. M. Gure, who, upon \_\_\_\_\_ oath, states that the original record of birth death  
died 11-7, 1944, in the State of  
born \_\_\_\_\_  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_ 19\_\_\_\_, should be corrected as follows:

Item No. 3 should read Catherine J. M. Gure  
Instead of \_\_\_\_\_  
" " Magure

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.  
\_\_\_\_\_  
Affiant  
Relationship. Friend  
2849 N. Euclid  
Present Address.

Subscribed and sworn to before me this 15 day of Oct., 1945

My Commission expires 3-4-57 \_\_\_\_\_ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

