

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

Do not use this space.

34324

1. PLACE OF DEATH

96 County St. Louis Co. Registration District No. 289 File No. _____
 Townships Central Primary Registration District No. 20, 9, 3, 3 Registered No. 916
 City Pine Bluff (No. Pierson Hospital) St. _____ Ward _____

2. FULL NAME

Lloyd M. Magden
 (a) Residence, No. 4591 Eastern Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town, where death occurred - yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Helen Magden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9-1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 7 19

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Repair & Sales
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Golden Oak Min. Co.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Dennis R. Magden

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

15. MAIDEN NAME Frances Timlow

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

17. INFORMANT Mrs Helen Magden
 (ADDRESS) 7936 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kalverton DATE Nov 1 1933

19. UNDERTAKER Edith E. Galbraith
 (ADDRESS) 4334 Manchester Ave.

20. FILED 10/30 1933 W. C. Brey, M. D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/29 1933, to _____ 1933.
 I last saw alive on _____ 1933. Death is said to have occurred on the date stated above, at 12:39 a.m.
 The principal cause of death and related causes of importance were as follows:

Fracture, multiple of pelvis. Rupture of urinary bladder. Fracture of left femur. Multiple ruptures of intestines.
 Other contributory causes of importance: Shock, resulting from severe hemorrhage into lower abdomen & flanks.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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 _____ 1933
 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) Luke B. Turner M.D.
 (Address) 3718 Jennings Rd.
St. Louis, Mo. 10/30/33

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.

NOV 10 1933

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auto accident: - at Flourissant ~~Miss~~
~~Jennings~~ auto run off road. Death
occurred at Pine Lawn Hospital
crashed into abutment of bridge
and turned over. This happened
in St. Ferdinand Twp. St. Louis County

Jury findings: - The jury finds
the accident unavoidable, caused
by bad tires.