MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4400

Township Christian Hosp Primary Registration District No. 1003 Registered No. 2287

City St. Louis, Mo (No. ..... St. ..... Ward)

2. FULL NAME Stillborn Magee

(a) Residence, No. 7918 Kingsbury St., N.R. Ward. U. City Mo.
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

6. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-15-1937

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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.

FATHER

13. NAME Gray Milburn Magee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portales, New Mexico

MOTHER

15. MAIDEN NAME Beatrice Mary Mulherin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse N.Y.

17. INFORMANT (ADDRESS) Gray Milburn Magee 7918 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laboratory DATE Feb 15 1937

19. UNDERTAKER (ADDRESS) Christian Hosp.

20. FILED FEB 24 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 2/15, 1937

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:20 P m.

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

	Date of onset
Still Born	
5 1/2 months —	
miscarriage	
Other contributory causes of importance:	
Fever	
2/5/37	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. J. Mannhard M.D.

(Address) 1 Lucas Bldg M.D.

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.

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

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