

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 St. Louis
Township 7
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 5405, Idaho)

File No. 8577
Registered No. 2032
Ward

2. FULL NAME Magnus T. McKeldin

(a) Residence, No. 5405 Idaho St. 1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23 1856</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>2</u>	DAYS <u>25</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shipping Clerk</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dairy</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Baltimore (STATE OR COUNTRY) Md.

13. NAME Sinclair McKeldin

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Sheridan VanBlaricom (ADDRESS) 5405 Idaho

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 19 1937

19. UNDERTAKER Wm. Schumacher (ADDRESS) 2013 Meramec

20. FILED FEB 17 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1937, to Feb. 17, 1937. I last saw him alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 5:00am. The principal cause of death and related causes of importance were as follows:

Mitral stenosis
Arteriosclerosis
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? x 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 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 See Dr. Bader (Signed) 5832 E. Virginia (Address) M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. X-RAYS should be stated where available.

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