

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

36165  
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**      Registration District No. **1 791**  
 (a) County .....      Primary Registration District No. **1003**  
 (b) Township .....      Registered No. **4742**  
 (c) City **Saint Louis**      (d) Street No. **2601**      **N Whittier** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **4** yrs. mos. ds.      (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Perry Magness**  
 (a) Residence, No. **3037 Lawton** St. **27**  
 (Usual place of abode, if no street address, write county or city)      (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **F**      4. COLOR OR RACE **C**      5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 15, 1923**  
 7. AGE      YEARS      MONTHS      DAYS      If LESS than 1 day, ..... hrs. or ..... min.  
                  **14**                    **4**                    **2**  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**  
 9. Industry or business in which work was done, as 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) **Arkansas**

FATHER  
 13. NAME **Percy Magness**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

MOTHER  
 15. MAIDEN NAME **Roda Soans**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Evelyn Hilliard**  
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Newark, Arkansas** DATE **October 22, 1937**

19. FUNERAL DIRECTOR **Albert H. Hoppe,**  
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **OCT 20 1937** **J. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 17** 19 **37**  
 22. I HEREBY CERTIFY, That I attended deceased from **August 19** 19 **37** to **Oct. 17** 19 **37**  
 I last saw her alive on **Oct. 17** 19 **37**. Death is said to have occurred on the date stated above, at **11:35 a.m.**  
 The principal cause of death and related causes of importance were as follows:

**Pulmonary tuberculosis**

Date of onset  
**8/19/37**

Other contributory causes of importance: **23**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **clinical**. 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 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) **A. L. Lewis** M. D.  
 (Address) **2601 N Whittier**

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.

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**STATEMENT BY LICENSED EMBALMER**

I, Albert G. Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Albert G. Hoppe*

Licensed Embalmer No. 2971

**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.)**