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.

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

38725

Do not use this space.

NOV 23 1937

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 284
(b) Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 185
(c) City Jennings, Mo. — (d) Street No. 2546 Ada Avenue, Jennings, Mo. 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 yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Magruder
(a) Residence, No. 2546 Ada Avenue St. Jennings, Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick Magruder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1o, 1841

7. AGE: 96 YEARS, 4 MONTHS, 2 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Mo.

FATHER
13. NAME James B. Chapmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Susan Fips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Allen A. Magruder 2546 Ada Ave Jennings Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns DATE Oct 14, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED Oct 14th, 1937 W. A. Zeitler Local Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 37 to Oct 12 37
I last saw her alive on Sept 24, 1937 Death is said to have occurred on the date stated above, at 5:40 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
	1

Other contributory causes of importance: 162

Name of operation none Date of
What test confirmed diagnosis? observation 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? no
If so, specify
(Signed) E. M. Schmidt, M. D.
(Address) 6704 W. Florissant

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buchholz, L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)