FEB 12 1938

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

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Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 627
(c) City St. Louis (d) Street No. 4423 Strodtman Pl. 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 Frank L. Magoon, M.D. 250
(a) Residence, No. 4423 Strodtman Pl St. 9
(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 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 Kate Herron Magoon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1867
7. AGE YEARS 70 MONTHS 2 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
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) Sebec Lake Maine

FATHER
13. NAME Ephraim Magoon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harmony Maine

MOTHER
15. MAIDEN NAME Ellen Tenney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymond Maine

17. INFORMANT (ADDRESS) Mrs Kate Herron Magoon 4423 Strodtman Pl
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Jan 19 1938
19. FUNERAL DIRECTOR (ADDRESS) A Kron L & U Co. 2707 N. Grand Blvd
20. FILED JAN 18 1938 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1938, to Jan. 17, 1938
I last saw him alive on Jan. 17, 1938. Death is said to have occurred on the date stated above, at 6:50 P.m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis — Date of onset 1-16-38
Other contributory causes of importance: 9H
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) Henry C. Westerman, M. D.
(Address) 2136 East Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Paul Knollenberg, Licensed Embalmer No. 2631

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 Paul F. Knollenberg

Licensed Embalmer No. 2631

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