

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.

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20135  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1008  
 (b) Township..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. St. Lukes Hospital 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. 10 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Sam Magness

(a) Residence, No. Lead Hill, Ark. St. VR  
 (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 Edna Lee Magness  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1874  
 7. AGE YEARS 63 MONTHS 5 DAYS 27 IF LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 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) Lead Hill, (STATE OR COUNTRY) Ark.

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

MOTHER 15. MAIDEN NAME Winnie Coker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Dr. Guy Magnuss (ADDRESS) Delmar Bank Bldg

18. BURIAL, CREMATION, OR REMOVAL PLACE Lead Hill, Ark. DATE June 8, 1938

19. FUNERAL DIRECTOR Alexander and Sons (ADDRESS) 6175 Delmar Blvd

20. FILED JUN 10 1938 J. D. Bredeek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6/38, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to June 6, 1938  
 I last saw him alive on June 6, 1938. Death is said to have occurred on the date stated above, at 1 p. m.  
 The principal cause of death and related causes of importance were as follows:

Hypertrophy of prostate gland Date of onset years  
 Other contributory causes of importance: General chronic atherosclerosis - years  
Subacute  
 Name of operation Prostatectomy, 12 steps Date of May 18  
 What test confirmed diagnosis? Physical 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) Walter Baumgartner, M. D.  
 (Address) 3720 Washington Ave.

STATEMENT BY LICENSED EMBALMER

I, J. E. Dinkley, Licensed Embalmer No. 3653  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed J. E. Dinkley  
Licensed Embalmer No. 3653

**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.)**