

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 3 1940  
784

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1600

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Mo. Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Rose Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4-Months  
(Specify whether years, months or days) 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2511 S. Kingshighway Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Guy Magann  
Magann, Guy 250

3. (b) If veteran, name war World 3. (c) Social Security No. No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced. S.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 24, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 1 27 hr. \_\_\_\_\_ min.

9. Birthplace New Haven Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer.

11. Industry or business Cleaning Plant

MOTHER FATHER

12. Name Charles Magann

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Cordelia Brinkmann

15. Birthplace V a.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. E. Hamilton  
(b) Address 2511 S. Kingshighway Blvd.

17. (a) Removal (b) Date thereof 8-24-194  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven Mo.

18. (a) Signature of funeral director Arthur J. Donnell  
(b) Address 3840 Lincoln Blvd.

19. (a) AUG 23 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21  
year 1940 hour 16 minute P M.

21. I hereby certify that I attended the deceased from ago. 26, 1940 to Aug 21, 1940  
that I last saw him alive on Aug. 20, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 10 yrs.

Due to \_\_\_\_\_

Due to J. 30

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature [Signature] (M. D. or other) \_\_\_\_\_

Address University Club Bldg (Date signed 8/22/40)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*William Matre*

Licensed Embalmer No.

*2820*

P. O. Address

*4340 Lafayette*

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

**If this body is not embalmed, above space should be left blank.**