DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41150

Registration District No. 7917 Primary Registration District No. 1003 Registrar's No. 10921

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Hospital (Specify whether
In this community: 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Jennings N.B.
(If outside city or town limits, write "RURAL")
(d) Street No. 5608 January Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Robert C. Maginity
3. (b) If veteran, name war: ____
3. (c) Social Security No. None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mae K. Maginity
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: February 6, 1872 (Month) (Day) (Year)

8. AGE: Years 68 | Months 10 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Ins. Broker
11. Industry or business: /
FATHER
12. Name: Robert C. Maginity
13. Birthplace: Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Josephine Hufford
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: ____
(b) Address: 4928 Buckingham Ct.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Lakewood Park Cem.
18. (a) Signature of funeral director: Walter Mortuary Inc.
(b) Address: 4911 Washington Blvd.
19. (a) Dec 31 1940 (Date received local registrar) (b) J. P. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1940 hour 4:10 minute P. M.
21. I hereby certify that I attended the deceased from Dec 30 ~, 1940, to Dec 31, 1940; that I last saw him alive on Dec 31, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis and Organic Valvular heart lesion — Duration

Due to: —

Due to: ____

Other conditions: Bronchial Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: J. W. Shaw (M. D. or other)
Address: Barnes Med Bldg Date signed: 1/1/41

(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.

WHITE PAPER—USE CARBON BLACK INK—MARK PLAINLY—NO ERASURES

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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: Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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.)

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