S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 4675

Registrar's No. 2100

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1923a Chouteau Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1923a Chouteau Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hannah Magby

3. (b) If veteran, name war No

3. (c) Social Security No. Nil

4. Sex Fem 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Jack Magby

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Abt. 1835 (Month) (Day) (Year)

8. AGE: Years Abt. 107 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Will Carrodine
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Annie Galloway
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Annie Kemp
(b) Address 1923a Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3617 Laclede Ave.

19. (a) MAR 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 8 minute p. M.

21. I hereby certify that I attended the deceased from March 2, 1942 to March 2, 1942
that I last saw her alive on March 2, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	1 week
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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 S. E. Moore (M. D. or other)
Address 809 N Jefferson Date signed 3/9/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1173

P. O. Address 3517 Soelede Av

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, fact should be so stated above.