

S. No. 2
M-5-42
5-17-39
I X32283

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26014**
7268
Registrar's No.

FILED SEP 4 1942
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **City Hosp #10**
(d) Length of stay: In hospital or institution **less than 24 hr**
In this community **less than 24 hr**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **17**
(c) City or town **St. Louis**
(d) Street No. **1172 No. Kingshighway**
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **Frank Alexander Magnusson**
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **28**
year **1942** hour **2** minute **30 P.**
21. I hereby certify that I attended the deceased from

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **not for** **1877**

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months Days If less than one day hr. min.

Immediate cause of death: **Chronic Hypertensive Myocardial Disease with Interstitial Nephritis**

9. Birthplace: (City, town, or county) **unknown** (State or foreign country) **9**

Due to.....
Due to.....

10. Usual occupation **Janitor**

Other conditions: **10/1**
(Include pregnancy within 3 months of death)

11. Industry or business **Janitor**

Major findings: Of operations **13/1**
Of autopsy.....

12. Name **unknown**

13. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

14. Maiden name **unknown**

15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **James J. Magnusson**
(b) Address **1300 Chestnut St**

17. (a) **Anderson Road** (Burial, cremation, or removal) Date hereof **3/4**
(b) **Washington** (City or town) (County) (State) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director **W. R. Richter**
(b) Address **3500 Ritten St**

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?..... (Specify means of injury) **3**

19. (a) **AUG 31 1942** (Date received local registrar) (b) **J. P. Breiback** (Registrar's signature)

23. Signature **Alfred Perry** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **8/13/42**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

206

129

844

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.....

P. O. Address.....

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.

7. S. No. 7B
500-4-23-41
I-27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7268

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

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

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. 1172 N Kingshighway
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Iron Alexander Magnuson

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

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

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

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

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof 9-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Ivy Miller

(b) Address 5041 J. F. Bradley

19. (a) SEP 10 1942 (b) J. F. Bradley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 20 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions (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? _____

While at work? (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

Body claimed by the Louisiana Board
9/10/42 Released by the Louisiana Board
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-26014