

S. No. 2  
M-5-43  
v. 5-17-39  
P I X36671

FILED FEB 27 1944  
Registration District No. **2394**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 26 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 924  
 (d) Street No. 3828 A Nebraska  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

**3. (a) PRINT FULL NAME** Mager, Julius  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....  
 4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Jan. 9 1876  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 12  
 year 1944 hour 6 minute 20 P.M.  
 21. I hereby certify that I attended the deceased from 12-18-44 1944 to 1-12 1944  
 that I last saw him alive on 1-12 1944  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>68</u>	<u>0</u>	<u>3</u>	.....hr.....min.

Immediate cause of death Peripheral circulatory failure H/O  
 Duration 2 days  
 Due to.....  
 Due to.....

9. Birthplace Mascoutah Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Sheet Metal Worker

Other conditions Carcinoma of esophagus  
(Include pregnancy within 3 months of death)  
arterio-sclerotic  
 Major findings: Carcinoma of esophagus  
 Of operations.....  
 Of autopsy.....  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**11. Industry or business**  
 12. Name Henry Mager  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Minna Glassen  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Arthur Mager  
 (b) Address 6400 S. Kingshighway  
 17. (a) burial (b) Date thereof 1-15-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus

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.....

18. (a) Signature of funeral director [Signature]  
 (b) Address 3013 Meramec  
 19. (a) JAN 13 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature M. C. Ahney (M. D. or other) 0  
 Address BARNES HOSPITAL Date signed 1/15/44

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

MOTHER, FATHER

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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.....

*W E Morris*

Licensed Embalmer No. *3360*

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.**