S. No. 2
M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1945

State File No. 29223

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8073

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: St Anthony Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks in Hospital
In this community 55 Years In St Louis (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")

(d) Street No. 2907 A Michigan Ave 916
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ARTHUR H MAGNAH

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-5829

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Florence Magnah

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan 21 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	7	24	hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country) 1

10. Usual occupation Brewery Worker

11. Industry or business

FATHER
12. Name Rudolph Magnah
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Emma Ripking
15. Birthplace Indiana (City, town, or county) (State or foreign country) 1

16. (a) Informant Florence Magnah
(b) Address 2907 A Michigan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17/45 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEM

18. (a) Signature of funeral director Thos Kates & Son
(b) Address 2906 Gravois Ave.

19. (a) SEP 16 1945 (Date received local registrar) (b) J + Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1945 hour 2 30 A.M. minute M.

21. I hereby certify that I attended the deceased from 8-27, 1945, to 9-10, 1945, that I last saw him alive on 9-14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tribal Regurgitation	24 hrs
Due to: Myocarditis, Rheumatism	1 yr.
Due to: Secondary Anemia and arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis Rheumatic	
Major findings: Of operations	93 c
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 [signature] (M. D. or other)

Address 3320 So. Grand Date signed 9-15-45

(Licensed Embalmer's Statement on Reverse Side)

3320 S Grand 1-3

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Gravois a

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.