

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

18681

FILED MAY 16 1946 318

State File No. _____
Registrar's No. 4038

Registration District No. _____ Primary Registration District No. 1003

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's Hospital
(If not in hospital or institution, write 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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4222 Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida L. Magraw

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George W. Magraw
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased June 11, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 20 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Davis
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Mathilda Abbott
15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Magraw
(b) Address 4222 Oregon Ave.

17. (a) Burial (b) Date thereof 5/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) MAY 2 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 1, year 1946 hour 11:50 minute 10 M.

21. I hereby certify that I attended the deceased from Jan 10 1942 to May 1 1946
that I last saw h. alive on May 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial Duration 2 days
Due to Cerebral Hemorrhage 2 days
Due to Hypertension

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none 93
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? _____ (b) Means of injury _____

23. Signature H. J. Shellen (M. D. or other) MD
Address 3608 A Grand Date signed 4-3-46

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

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 Wm. A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.