

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35375  
Registrar's No. 9131

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>9131</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis, Mo.</u> <u>2219</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1032 North Leonard Ave</u>			
3. NAME OF DECEASED (Type or Print): a. (First) <u>James</u>		b. (Middle) _____		c. (Last) <u>Magbee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 9th 1897</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>Westpoint, Miss</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jack Magbee</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Elnora Magbee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Elnora Magbee</u> ADDRESS <u>1032 North Leonard</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Congestive Heart Failure</u>					
		DUE TO (c) <u>Undetermined</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H4H3X</u>			
22. I hereby certify that I attended the deceased from <u>10-3</u> , 19 <u>51</u> , to <u>10-12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>51</u> , and that death occurred at <u>5:20a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. Arnez Wharrior, D.</u> (Degree or title)				23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>10-15-51</u>	
24a. BURIAL CREMATION/REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 18 1951</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Beal Und Co.</u> ADDRESS <u>4303 Delmar</u>			

WRITE PLAINLY—USING 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Arthur L. Hilliard*

Licensed Embalmer No. 4221

P. O. Address 4740<sup>2</sup> Cupples

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.