

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3080

FILED FEB 14 1952

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1003

State File No.

Registrar's No. 0757

| | | | | | | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. | | Registrar's No. | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY _____ | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> | | | c. LENGTH OF STAY (in this place) _____ | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> | | | 2159 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>15 3140 Meramec St.,</u> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Rev. Timothy Magnien, O.F.M.</u> | | | | a. (First) | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 23, 1952.</u> | | | |
| 5. SEX <u>Male,</u> | | 6. COLOR OR RACE <u>White,</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single,</u> | | 8. DATE OF BIRTH <u>September 2, 1861</u> | | 9. AGE (In years last birthday) <u>90</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious Priest,</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Hanhosen, Germany,</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | | 14. NAME OF HUSBAND OR WIFE _____ | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rev. Eligius Wier, O.F.M., 3140 Meramec St.,</u> | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxiation etc. It means the disease, injury, or complication which caused death.</i> | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u> ANTECEDENT CAUSES <u>Arterio sclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Fracture right femur.</u> | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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.) <u>at time of surgery today, Bas Hosp. St. Louis</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u> | | 21d. TIME OF INJURY <u>Jan. 10, 1952</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell while in hospital</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan. 10, 1952</u> , to <u>Jan. 23, 1952</u> , that I last saw the deceased alive on <u>Jan. 20, 1952</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE <u>H. Unterberg</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>225 Olive St. St. Louis</u> | | | | 23c. DATE SIGNED <u>Jan 24/52</u> | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u> | | 24b. DATE <u>1/26/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY. <u>SS. Peter & Paul Cemetery,</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | | | | | | |
| DATE REC'D BY LOCAL REG. <u>JAN 24 1952</u> | | | | REGISTRAR'S SIGNATURE <u>H. C. Smith, MD</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St.,</u> <u>St. Louis, 18, Mo.</u> | | | | | |

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

*Reverse the page water
marked above*

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 _____ me

Student Embalmer-No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meamec St.,
St. Louis, 18, Mo.

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.