

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**43620**

State File No. \_\_\_\_\_

**DEC 24 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11181**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5936 Oakherst</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Mabel</b> b. (Middle) <b>J</b> c. (Last) <b>Magness</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 3, 1952</b>		
<b>5. SEX</b> <b>F</b>		<b>6. COLOR OR RACE</b> <b>W</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>Dec. 9, 1883</b>		<b>9. AGE</b> (In years last birthday) <b>68yrs</b>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Warrenton Mo.</b>	

<b>13a. FATHER'S NAME</b> <b>Wm. A. Jones</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ella Faulkner</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>John W. Magness</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>493-09-2883</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John W. Magness</b>	
				<b>ADDRESS</b> <b>5936 Oakherst</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Adeno carcinoma of colon</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 yrs.</b>
		<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <b>12-11-50</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Carcinoma of descending colon with metastases to liver</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>153X</b>	

**22. I hereby certify that I attended the deceased from 11-17, 1950, to 12-3, 1952, that I last saw the deceased alive on 12-3, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Edwin P. Meiners, M.D.</b>		<b>23b. ADDRESS</b> <b>6651 Swright Ave</b>		<b>23c. DATE SIGNED</b> <b>12-4-52</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>Dec. 6, 1952</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Warrenton Cemetery</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Warrenton Mo.</b>	

<b>DATE REC'D BY LOCAL</b> <b>DEC 4 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. A. Anderson &amp; Sons</b>	
				<b>ADDRESS</b> <b>6125 Delmas</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Dec 11/1912*  
*1*

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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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *2762*

P. O. Address *617 1/2 Elm*

**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.