

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **44961**
 Registrar's No. **11966**

FILED JAN 26 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 6 WKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2159
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS HOSP.			d. STREET ADDRESS (If rural, give location) 15 4530 NEWPORT		
3. NAME OF DECEASED (Type or Print) a. (First) THEODORE		b. (Middle) P.	c. (Last) MAGENDIE		4. DATE OF DEATH (Month) (Day) (Year) DEC 27 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 4, 1879	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER + PAPER HANGER		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) LOUISIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MARC MAGENDIE		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CORA MAGENDIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME CORA MAGENDIE	ADDRESS 4530 NEWPORT		
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) Sarcoma of the Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 Wks
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 163X			
22. I hereby certify that I attended the deceased from 11-1 , 19 52 , to 12/26 , 19 52 , that I last saw the deceased alive on 12/26 , 19 52 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE B. J. M. Grinnis		(Degree or title) MD	23b. ADDRESS 16 Hampton Village, Olyga		23c. DATE SIGNED 12/27/52
24a. BURIAL / CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DEC 30 1952	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.		
DATE REC'D BY LOCAL REG. DEC 29 1952	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Thomas Kutis 2906 Gravois.		

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 James E. Dill

Licensed Embalmer No. 4347 J

P. O. Address 2906 Kansas

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.