

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3458

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

FILED FEB 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0995**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> 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>Homer G. Phillips</b>		d. STREET ADDRESS (If rural, give location) <b>1614 A Rear Franklin Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MAGDELINE</b> b. (Middle) _____ c. (Last) <b>MACON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>3-15-1915</b>		9. AGE (In years last birthday) <b>37</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Resteraunt Waitress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Resteraunt</b>		11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Newton Merrit</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Clerk</b>		14. NAME OF HUSBAND OR WIFE <b>Jake Macon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jake Macon 1614 A Rear Franklin Ave.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Left Lobar Pneumonia</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) <b>Undet.</b>			
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS _____		<b>Adhesive Pericarditis</b>		<b>Undet.</b>	

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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>490x</b>	

22. I hereby certify that I attended the deceased from **1-16**, 19**53**, to **1-23**, 19**53**, that I last saw the deceased alive on **1-23**, 19**53**, and that death occurred at **8:45a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles P. Ford, M.D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>1-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>1-28-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, Inc. 2820 Stoddard St.</b>			

DATE REC'D BY LOCAL REG. **JAN 28 1953** REGISTRAR'S SIGNATURE **Carl Smith MD** (Licensed Embalmer's Statement on Reverse Side)

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: Eulston E. Culkin

Licensed Embalmer No. 4198

P. O. Address Alhambra 137M

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.