

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29083**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7206**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6 hrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS (If rural, give location) 7515 York	
3. NAME OF DECEASED (Type or Print) PHIL (AKA PHILIP)		b. (Middle) MAGIDSON	
c. (Last) MAGIDSON		4. DATE OF DEATH Aug. 3, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8, 1899
9. AGE (In years) 55		10. MONTHS 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor		10b. KIND OF BUSINESS OR INDUSTRY building const.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? Unknown	
13a. FATHER'S NAME Sol Magidson		13b. MOTHER'S MAIDEN NAME Tillie Unknown	
14. NAME OF HUSBAND OR WIFE Ida			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-14-5456	
17. INFORMANT'S SIGNATURE OR NAME Ida Magidson		ADDRESS 7515 York	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary arteriosclerosis.	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		4201	
22. I hereby certify that I attended the deceased from Aug. 2, 1954 , to August 3, 1954 , that I last saw the deceased alive on Aug. 3, 1954 , and that death occurred at 3 4 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Julius Olson, M.D.		23b. ADDRESS University Club Bldg.	
23c. DATE SIGNED 8/3/54			
24a. BURIAL CREMATION REM. (Specify)		24b. DATE 8/5/54	
24c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hag.		24d. LOCATION (City, town, or county) (State) Ladue, Mo.	
DATE REC'D BY LOCAL REG. AUG 4 1954		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. Berger		ADDRESS Memorial 4715 McPherson	

(Licensed Embalmer's Statement on Reverse Side)

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

copy

✓ 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 George J. DeWitt

Licensed Embalmer No. 3988

P. O. Address _____

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.