

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011169
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2659**

300
-57

193
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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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If outside, give location) 1908 Utah	
Length of stay in lb 1 Day		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Minnie Estella Magee			4. DATE OF DEATH Month Day Year March 15, 1959		
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5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1885	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Gibson County, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Terpin	13b. MOTHER'S MAIDEN NAME Sarah Stuckey	14. NAME OF HUSBAND OR WIFE John J. Magee (Deceased)
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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. 499-34-8944A	17. INFORMANT Florence Magee	Address 1908 Utah, St. Louis, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.V.A. - arterio-scler & Hypertension		INTERVAL BETWEEN ONSET AND DEATH 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) art-scler & hypertension DUE TO (c) 331X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Death occurred at noon 3-15-59 to present and last saw her/him alive on 3-15-59 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE C.D. Cassidy (Degree or title) <i>C.D. Cassidy</i>	22b. ADDRESS 4952 Maryland	22c. DATE SIGNED 3-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-19-1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY	ADDRESS 6464 CHIPPEWA STREET, ST. LOUIS	25. DATE RECD. BY LOCAL REG. MAR 16 '59	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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6464 CHIPPEWA STREET, ST. LOUIS

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *Bill C. Branson*

Licensed Embalmer No. *4764*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.