

FILED VS. SEP 28 1960 318 Primary Registration District No. 1003 Registrar's No. 9256

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>				Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MISSOURI BAPTIST HOSPITAL</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>275 N. Union Blvd</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>A.</b> Last <b>MAGINN</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>19</b> Year <b>1960</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>10/31/1892</b>	
9. AGE (last birthday) <b>67</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Ins. Gen. American</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>				13a. FATHER'S NAME <b>John Maginn</b>			
13b. MOTHER'S MAIDEN NAME <b>Mary Rude</b>				14. NAME OF HUSBAND OR WIFE <b>_____</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I Navy</b>				16. SOCIAL SECURITY NO. <b>490-36-9233</b>		17. INFORMANT <b>Mrs. Milton E. Bernet Denver Colorado</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>pulmonary embolus</b> <b>post operative colectomy for carcinoma of colon</b> DUE TO (b) <b>Post-operative - colectomy for carcinoma of colon</b> DUE TO (c) <b>153.8</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Several minutes</b> <b>2 hours</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Marked generalized arteriosclerosis</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <b>Sept. 7, 1960</b> to <b>Sept. 19, 1960</b> and last saw <sup>her</sup> him alive on <b>Sept. 18, 1960</b> Death occurred at <b>12:00 A.M. 12<sup>th</sup></b> a <b>a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Harvey Walker</b> (Degree or title) <b>M.D.</b> <i>Harvey Walker Jr. M.D.</i>				22b. ADDRESS <b>462 N. Taylor</b> <b>462 N. Taylor Ave. St. Louis 8, Mo.</b>		22c. DATE SIGNED <b>9/19/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/21/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR <b>C.R. LUPTON &amp; SONS; 7233 Delmar Blvd</b>				25. DATE REGD. BY LOCAL REG. <b>SEP 20 1960</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith. M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 386

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.