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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19789

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5418

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2001 A O'Fallon St 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 066

(a) State Missouri (b) County 17

(c) City or town St Louis 921 (If outside city or town limits, write "RURAL")

(d) Street No. 2001 A O'Fallon (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT Magee

3. (b) If veteran, name war

3. (c) Social Security N 33303-4244

4. Sex Male 2

5. Color or race Cal

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ema Magee

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased June (Month) 15 (Day) 1892 (Year)

8. AGE: Years 50 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Bonita (City, town, or county) La 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Adolph Magee
13. Birthplace Bonita (City, town, or county) La 1 (State or foreign country)

MOTHER
14. Maiden name Emily Martin
15. Birthplace Bonita (City, town, or county) La 1 (State or foreign country)

16. (a) Informant Emma McGee

(b) Address 1915 A Mumbelton Ave

17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof 6 (Month) 25 (Day) 42 (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director W F Richardson

(b) Address 2625 Glasgow

19. (a) JUN 2 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1942 hour 11 minute 45 A M.

21. I hereby certify that I attended the deceased from 6-7, 1942, to 6-20, 1942 that I last saw him alive on 6-20-42, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death INTESTINAL INTOXICATION	JUNE 1942
Due to Fecal fistulae	APR. 1942
Due to Lympho Sarcoma of Cecum	NOV. 1941
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Malignancy of Bowel.

Of autopsy Lymphosarcoma of Cecum.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Sherard (M.D. or other)

Address 2702 A Franklin Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed A D Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.