

JAN 28 1929

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

42424

1. PLACE OF DEATH

County... St. Louis  
Township... CARONDELET  
City... Jefferson Barracks, Mo.

Registration District No. 1123  
Primary Registration District No. 6248 B  
U.S. Veterans Hospital.

File No. \_\_\_\_\_  
Registered No. 406  
Ward \_\_\_\_\_  
St. \_\_\_\_\_  
*Wagner*  
WAGNER

2. FULL NAME John W. Mahaffy

(a) Residence. No. 411 N. Whittier Str., St. St. Louis, Missouri. (Medical Officer In Charge.)  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Un yr kn mo own ds. How long in U.S., if of foreign birth? = yr = mo = ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lucille Mahaffy (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 25, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>37</u>	<u>3</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Restaurant Prop.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

14. INFORMANT E. H. Gibbons  
(Address) USV. Hosp. Jefferson Brks., Mo.

15. FILED Dec. 3 1928 L. C. Obrock, M.D.  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from October 31, 1928, to December 2, 1928 that I last saw him alive on December 2, 1928, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cirrhosis of liver (Portal)

CONTRIBUTORY Nephritis, chronic, interstitial  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

0 IF NOT AT PLACE OF DEATH... Unknown

DID AN OPERATION PRECEDE DEATH... No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY... No

WHAT TEST CONFIRMED DIAGNOSIS... Physical and laboratory findings

(Signed) E. T. Gallagher, M. D.

, 19 (Address) USV. Hosp. Jefferson Brks., Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL Dec. 5, 1928

20. UNDERTAKER Chas. F. Stuart.

Chas. F. Stuart 5525 Patton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE CLEARLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

