

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

vol 12 1935

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18027

1. PLACE OF DEATH

County ..... Registration District No. 1003  
Township ..... Primary Registration District No. 1003  
City St. Louis (No. 1716 Waverly Pl.) St. ..... Ward

File No. ....  
Registered No. 4347  
St. .... Ward

2. FULL NAME

(a) Residence, No. 1716 Waverly Pl. St. 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29, 1852</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>6</u>
	DAYS <u>14</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2 yrs ago</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis County Mo.</u>		
MOTHER	13. NAME <u>Thomas Mahon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Fredessa Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grey Summit Mo.</u>	
17. INFORMANT (ADDRESS) <u>Bruce Mahon 1716 Waverly Pl.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>5-16-35</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. Spencer Mortuaries 228 So. Broadway</u>		
20. FILED <u>14 1935</u> 19 <u>J. Biedelick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-6-1935 to 5-13-1935. I last saw him alive on 5-13-1935. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:  
Pyletic non-calcularis Date of onset 5-5-

Other contributory causes of importance:  
Chronic Bronchitis  
Arteriosclerosis

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Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury .....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify B. Shauklee M. D.  
(Address) 1514 So. Jefferson Ave

1514 So Jeff  
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