JUL 14 1936

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

791

Do not use this space.

24735

File No. 6358

Registered No.

1. PLACE OF DEATH

County

Registration District No. 1003

Township

Primary Registration District No.

City City Hospital No. 1 St. Louis City Hosp. St. Ward)

B. 3382 Samuel Mahan

2. FULL NAME

(a) Residence, No. 2745 Russell St., 23 Ward.
(Usual place of abode) (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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Mahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 22, 1874

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
61	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Missouri

FATHER

13. NAME: Thomas Mahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Priscilla Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Hospital Info. M.H.Kent, City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE OLD BETHANY DATE June 24, 36

19. UNDERTAKER (ADDRESS): Witt Bros. L. & U. Co., 2929 S. Jefferson Av.

20. FILED JUN 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/8/36, 19, to 6/21/36, 19. I last saw him alive on 6/21/36, 19. Death is said to have occurred on the date stated above, at 10:55 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	

Other contributory causes of importance:

Mitral Stenosis	
Aortic Stenosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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?
If so, specify

(Signed) Roy Greenbaum, M. D.
(Address) City Hospital No. 1