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.

AUG 25 1936

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

Do not use this space.

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1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 32245
Township ~~Normandy~~ Central — Primary Registration District No. 6033 — Registered No. 236
City ~~Pine Lawn, Mo.~~ (No. DR. L. B. TIERNON HOSPITAL St. ..... Ward)

2. FULL NAME JOSEPH C. MAHEN.
(a) Residence, No. 3916 Oakwood Ave. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: CATHERINE MAHEN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUGUST 22-1872
7. AGE: YEARS 63 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: PAINTER.
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): MISSOURI

FATHER
13. NAME: DANIEL MAHEN.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND.

MOTHER
15. MAIDEN NAME: ANNA HUGHES.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND.

17. INFORMANT (ADDRESS): CATHERINE MAHEN 5905 SCANLAN AV.
18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY CEM DATE: AUGUST 6 1936
19. UNDERTAKER (ADDRESS): E. J. Schnur 3125 Lafayette av.
20. FILED: 8-5-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/3/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from July 20th, 1936, to Aug. 3rd, 1936
I last saw him alive on Aug. 3rd, 1936. Death is said to have occurred on the date stated above, at 1:35 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrenous Tuberculosis, involving all of left lung, Chr. endocarditis, Chr. myocarditis,	
23	

Other contributory causes of importance:
Mitral insufficiency decompensated. General anasarca, uremia, uremic coma. Generalized toxemia.
Name of operation ..... Date of .....
What test confirmed diagnosis? Cli and Lab. 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 ....., 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) Luke B. Tiernon, M. D.
(Address) 3718 Jennings Rd.
8/5/36