

OCT 14 1937

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

32829
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. St. Luke's Hospital Registered No. 8883
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 38 Broadview St. MR Maryland Heights Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 days

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)
St. Louis Missouri

FATHER 13. NAME Frank B Mc Mahon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Mo.

MOTHER 15. MAIDEN NAME Rosemary Kliefelter

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

17. INFORMANT (ADDRESS)
Frank B. Mc Mahon 38 Broadview

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 24, 1937

19. FUNERAL DIRECTOR (ADDRESS)
Chas. A. Stuart 1225 Union Blvd.

20. FILED SEP 23 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on 9/23 19____. Death is said to have occurred on the date stated above, at 6:05 A.M.
 The principal cause of death and related causes of importance were as follows:

Premature Infant
Prematurity 7 mo. 1 week
 Other contributory causes of importance:
Infant pneumonia
Prematurity
 Date of onset

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) R. J. Avon M. D.
 (Address) 65 7th St. St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stuart, Licensed Embalmer No. 3500

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Chs. Bernard A. J. Stuart

Licensed Embalmer No. 3500

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.)