

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.

JAN 10 1938

43149

1. PLACE OF DEATH

County..... Registration District No.....
 Townshp..... Primary Registration District No.....
 City St Louis Mo. (No. Isolation Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 11399

2. FULL NAME Lewis Mahon.

(a) Residence, No. 6937 Bradley. St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>White</u>	4. COLOR OR RACE <u>Male</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Student, single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21st 1920</u>				
7. AGE YEARS <u>17</u>	MONTHS <u>10</u>	DAYS <u>9</u>	If LESS than 1 day,hrs. ormin.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		—		
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		
<u>St Louis Mo</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
13. NAME <u>Bruce Mahon</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chamaci Mo</u>				
15. MAIDEN NAME <u>Anna Mae Lewis</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>				
17. INFORMANT <u>Stella Grady</u> (ADDRESS) <u>5600 Arsenal St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemu.</u> DATE <u>12-11-37</u>				
19. UNDERTAKER <u>Wiegmann Mortuaries</u> (ADDRESS) <u>4228 So. Kings Highway</u>				
20. FILED <u>DEC 11 1937</u> <u>J. B. Delek</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1937, to Dec. 9, 1937
 I last saw him alive on Dec. 9, 1937. Death is said to have occurred on the date stated above, at 9:15 P. M.
 The principal cause of death and related causes of importance were as follows:
Diphtheria
Toxic Myocarditis
Rheumatic Heart Disease
 Other contributory causes of importance: _____

Date of onset 11-26-37
1924

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Henry J. Plouchy, M. D.
 (Address) 5600 Arsenal St

