

REC'D JUN 9 1938

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

16304
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. 4165
(c) City St. Louis (d) Street No. 6030 Pershing Ave. St.
(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

Ann V. McMahon. 255
(a) Residence, No. 6030 Pershing Ave. St. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John T. McMahon.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20, 1880.</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>1</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home.</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis.</u>	
	13. NAME <u>Timothy Mahoney.</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland.</u>
MOTHER	15. MAIDEN NAME <u>Mary Barry.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Erwin Tucker.</u> <u>6030 Pershing Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>May 7, 1938.</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Arthur J. Donnelly.</u> <u>3840 Lindell Blvd.</u>		
20. FILED <u>MAY - 6 1938</u> <u>J. T. Breder</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1917, to May 5, 1938.
I last saw her alive on May 5, 1938. Death is said to have occurred on the date stated above, at 8:40 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
g20
Other contributory causes of importance:
Purpura Hemorrhagica
Bacteriemia 5-4-38
cause unknown
Date of onset 5-5-38
all Sp

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, 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) Richard M. D. M. D.
(Address) Carlton Blvd

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.

Carleton Bell
12-2

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed: William Matre
Licensed Embalmer No. 2825

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.)