

19 1939

MAY 11 1939

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

16199
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200 Registered No. 700
(c) City Jefferson Barracks (d) Street No. Veterans Hospital St.
Unkn. (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 Elmer E. McMahon

(a) Residence, No. 5047 Page Avenue, Saint Louis St. Missouri.
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 5, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
46 5 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Jackson Jct., Iowa.

13. NAME Michael McMahon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Shekleton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Clyde Schindler, Jefferson Barracks, Missouri.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Apr. 20, 1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd

20. FILED APR 19 1939 W. C. Meyer M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939, to April 17, 1939

I last saw him alive on April 17, 1939 Death is said

to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, far-advanced, active.

Date of onset

Unkn.

Other contributory causes of importance:

None

Name of operation None Date of None
What test confirmed diagnosis? Phy. clinical exam. 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 heart failure

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF., Jefferson Barracks, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Alfred J. Boedtker

Licensed Embalmer No. *2663*

P. O. Address *#204 Prairie*

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.)

If this body is not embalmed, above space should be left blank.