

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37546

Registration District No. 201

Primary Registration District No. _____

Registrar's No. 9385

1. PLACE OF DEATH: 2003
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: St. John's Hospital
 (d) Length of stay: In hospital or institution 10 days
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 1
 (c) City or town St. Louis
 (d) Street No. 2719 Armand Place
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Martin J. McMahon
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 31
 year 1939 hour 3:45 A.M. minute _____ M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emily McMahon
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased June 12 1866

21. I hereby certify that I attended the deceased from Dec. 1938
 to Oct 31, 1939
 that I last saw him alive on Oct 30, 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 34 Days 19
 If less than one day _____ hr. _____ min.

Immediate cause of death Renal Carcinomatosis
Primary site laryngeal
 Due to _____
 Due to 47

9. Birthplace St. Louis Missouri
 10. Usual occupation Custodian

Other conditions kidneys & tonsils
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name John McMahon
 13. Birthplace Ireland
 14. Maiden name Bridget Hogan
 15. Birthplace Ireland

Major findings: Prostate gland
larynx
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Emily McMahon
 (b) Address 2719 Armand Pl.
 17. (a) Burial (b) Date thereof 11/2/39
 (c) Place: burial or cremation Old SS Peter & Paul
 18. (a) Signature of funeral director E. J. Schurz
 (b) Address 3/25 Lafayette St
 19. (a) NOV 2 1939 (b) J. F. Budick

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Arthur J. McMahon (M. D. or other)
 Address 806 The Alley Date signed 11-4-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-36

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.....

Gas B Vollermer

Licensed Embalmer No. *4014*

P. O. Address

3125 Lafayette a

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.