

WHILE I REMAIN LI - 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.

DEC 13 1939

791
1002

Registration District No. _____ Primary Registration District No. _____ State File No. _____ Registrar's No. _____

1. PLACE OF DEATH: 2

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 3126 Maury Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary McMahon 255

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 21, 1878.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John J. McMahon 3

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Scales

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Catherine Bellwell

(b) Address 3126 Maury Ave.,

17. (a) burial (b) Date thereof Nov. 14/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hadiamont Ave.,

19. (a) NOV 13 1939 (b) J. B. Beckler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County _____

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3126 Maury Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1939 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 4
_____, 1939 to Nov 10, 1939;
that I last saw her alive on 11/10/39, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary - nephritis Duration _____

Due to MI

Due to _____

Other conditions Arterio - Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

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? _____ (City or town) (County) (State)

(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 Paul Demetreeff (M. D. or other) _____
Address 3919 W. Platte Date signed 11/11/39

DR. Paul Bernstorf
3919 W. Florissant Ave.,
Goodfellow 3080.
T-3 & 6-8 P.M.

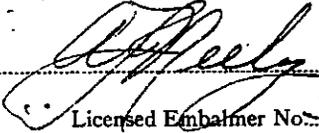
STATEMENT BY LICENSED EMBALMER

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


.....
Licensed Embalmer No. 3225

P. O. Address. 1125 Hodiament Ave.,

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.