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Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. 10105

1. PLACE OF DEATH:

(a) County St. Louis <sup>12</sup>

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5092 Minerva Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Michael H. McMahon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Mary McMahon 6. (c) Age of husband or wife if alive 1853 years

7. Birth date of deceased Nov. 27th., 1853  
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business Building Contractor

12. Name Peter McMahon

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

14. Maiden name Bridget McGovern

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

16. (a) Informant Patrick L. Mc Mahon

(b) Address 5092 Minerva Ave

17. (a) Burial (b) Date thereof 12-10-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 9 1940 (b) J. H. Gredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

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

(d) Street No. 5092 Minerva Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th. year 1940 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec. 1 - 1940 to Dec 7 - 1940 that I last saw him alive on Dec. 7 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia - Duration 7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

PHYSICIAN

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)

3. Signature A. J. Caemondak (M. D. or other) \_\_\_\_\_

Address 4290 N Pine Rd signed 12-9-40

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

MOTHER FATHER

**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.....

*W H Van Matre*

Licensed Embalmer No.....

*2825*

P. O. Address.....

*4340 Lafayette*

**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, fact should be so stated above.**