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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8166

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 352

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9466 Milton Ave.
(If not in hospital or institution, write street number or location)

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

In this community 2 yrs. 6 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 18
(If outside city or town limits, write "RURAL")

(d) Street No. 9466 Milton Ave. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOSEPH LOUIS MAHAR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Josephine Mahar

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 7, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 7 _____ hr. _____ min.

9. Birthplace Ticonderoga / New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Joseph Mahar

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

14. Maiden name Mary Nevens

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

16. (a) Informant Mrs. Josephine Mahar

(b) Address 9466 Milton Ave. Overland, Mo

17. (a) Burial (b) Date thereof Feb. 18, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge, St. Louis, Mo

19. (a) FEB 16 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th
year 1941 hour 10:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 28, 1939, to Feb. 14, 1941;
that I last saw him alive on Feb. 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - Carcinoma of bladder
18 mo.

Due to 5 2/3

Due to _____

Other conditions Hydronephrosis
(Include pregnancy within 3 months of death)

Non-Calculous

Major findings: _____
Of operations _____

Of autopsy None

Duration _____

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) No.

(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 Roy A. Walthers (M. D. or other) M.D.

Address 2438 Woodson Rd. Date signed 2-16-41

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

6
3

2.4 - 7-8 pm. June 9. 10 a.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.....

John Hutter

Licensed Embalmer No. 3850

P. O. Address.....

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.