

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

2
-41
-39
K26390

FILED JUL 7 1941

22748

State File No. _____

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1335

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town RICHMOND HEIGHTS

(c) Name of hospital or institution:
38 Lake Forest
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 YEARS
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS 96

(c) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL")

(d) Street No. # 38 LAKE FOREST
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARY MAHONEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25 year 1941 hour 8 minute 20 A. M.

4. Sex FEMALE

5. Color or race WHITE

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

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

7. Birth date of deceased UNKNOWN 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1938 to June 25th 1941
that I last saw him alive on July 24th 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months UNKNOWN Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Haemorrhage Duration 6/22/41

Due to Hypertension 8/1938

Due to Myocardial Disease 8/1938

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS MAHONEY

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

14. Maiden name JOHANNA LYNCH

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

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

Major findings: Of operations 9/3/41

Of autopsy home

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. W.C. TAYLOR

(b) Address 38 LAKE FOREST RICHMOND HEIGHTS

17. (a) REMOVAL (b) Date thereof 6-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRINGFIELD ILL'S

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? _____

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

(b) Address 3840 Lindell Blvd

19. (a) JUN 25 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature August F. Wickham (M. D. or other) 0

Address 4660 Maryland Ave Date signed 6/25/41

JUL 11 1941

4630 Maryland Ave
1-3 PM

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.