

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: Isolation Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna Mae Mahon

3. (b) If veteran, name war No

3. (c) Social Security No. No

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: Dec. 21, 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>9</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace: St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business _____

MOTHER FATHER { 12. Name: Bruce Bradley Mahon

13. Birthplace: Chamois, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Mae Lewis

15. Birthplace: St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: G Barry

(b) Address: 5600 Arsenal

17. (a) Burial (b) Date thereof: 10-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Thiephauer, Mortuaries

(b) Address: 4228 So. Hanley Highway

19. (a) OCT 4 1941 (b) J. J. Bredella
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DCA

(c) City or town: St. Louis, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6937 Bradley Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3
year 1941 hour 2:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 10/2/41
_____ 19 _____ to 10/3/41 _____ 19 _____
that I last saw her alive on 10/3/41 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute purulent meningitis, Duration _____
meningitis,

Due to: meningococcus

Due to: 6

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

Major findings: _____

Of operations: _____

Of autopsy: as above

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature: Dr. Maxwell (M. D. or other) _____

Address: Isolation Hospital Date signed: 10/3/41

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 James A. Mc Dermott

Licensed Embalmer No. 30524

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.