S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33162
8116

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(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: DE'PAUL HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DYS. (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17 7 6
(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 5005 A. MAFFITT AVE.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME LORRETTA A. McMAHON.
3. (b) If veteran, name war —
3. (c) Social Security No. 489-09-7880
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE 1
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBUARY (Month) 18TH (Day) 1897 (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	7	22	— hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation CLERK.
11. Industry or business UNIVERSAL CARLOADING
FATHER
12. Name PATRICK McMAHON
13. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name MARY LATHAM
15. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)
16. (a) Informant Mary McMahon
(b) Address 5005 A. Maffitt Ave
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT (Month) 13 (Day) 41 (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Brockland Und. Co.
(b) Address 1827 HOGAN ST.
19. (a) OCT 11 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1941 hour 4:45 minute P. M.
21. I hereby certify that I attended the deceased from Sept 1, 1941, to Oct 10, 1941; that I last saw her alive on Oct 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic carcinoma of brain	2
Due to Carcinoma of left breast	2½ yrs
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

50

Major findings: Of operations Carcinoma of left breast gangrenous with metastasis to axilla
Of autopsy Report not as yet received

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)
While at work? — (e) Means of injury
23. Signature R. Emmet Kane (M. D. ~~or other~~)
Address 1117 N. Grand Date signed Oct 11/41

(Licensed Embalmer's Statement on Reverse Side)

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.....1861.....

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.