

FILED JAN 15 1943  
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1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town Pennington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mount St. Rose Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11/17/42 to 12/10/42  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4349 DeTonty Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James I. Mahan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Junnie 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. ? 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days ? If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Licking, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Mahan  
13. Birthplace Unknown, Tenn. (City, town, or county) (State or foreign country) 1  
14. Maiden name Nancy Barnes  
15. Birthplace Licking, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant J. W. Mahan  
(b) Address 731 SO. Newstead Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Licking, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc  
(b) Address 4700 Washington Blvd.

19. (a) DEC 12 1942 (b) E. J. McCarroll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1942 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov 17 1942 to Dec 10 1942 that I last saw him alive on Dec 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 1 yr?

Due to \_\_\_\_\_  
Due to 1381

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature H. W. West (M.D. or other) MD  
Address 9181 S. Broadway Date signed 12/10/42

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

James I. Mahan

MAY 5 1943

**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. W. Wilkinson*

Licensed Embalmer No.

*3575*

P. O. Address

*St. Louis Mo*

**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.**

MAY 11 1943