

FILED JAN 20 1945

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 207

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 0  
(Specify whether  
 In this community 0  
years, months or days)

3. (a) PRINT FULL NAME Hugh V. McMahon

3. (b) If veteran, name war No. 3. (c) Social Security No. 493-03-6291

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

6. (b) Name of husband or wife Loretta 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased Jan. 13 1893  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>51</u> | <u>11</u> | <u>24</u> | <u>hr. min.</u>      |

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

10. Usual occupation Salesman

11. Industry or business Retailers Supply Co.

MOTHER FATHER { 12. Name George McMahon  
 13. Birthplace Unknown U  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown U  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Bourscheidt  
 (b) Address 3629a Arkansas

17. (a) Burial (b) Date thereof Jan. 10, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director Walter Alderle  
3634 Gravois Ave.  
 (b) Address

19. (a) JAN 9 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3529 Lafayette Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country U

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
 year 1945 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Hypostatic Pneumonia  
Emphysema of Liver

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

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

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Patrick & Taylor (M. D. or other) \_\_\_\_\_

Address Dep Date signed 1/9/45

**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.....

*Frank J. Ireland*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*St. Louis*

**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.**