

FILED MAR 3 1945
318
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(c) Name of hospital or institution: Little Sisters, 3400 So. Grand.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years,
In this community 5 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Wilfrid P. McGahan,

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 Single

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

7. Birth date of deceased October 12, 1869.
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer,
11. Industry or business Retired 18 years.

MOTHER FATHER {
12. Name William McGahan,
13. Birthplace Lancaster, Ohio,
14. Maiden name Caroline McDonald,
15. Birthplace Sommerset, Ohio,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud C. Lehleitner,
(b) Address 3828a McDonald Ave.,

17. (a) Burial, (b) Date thereof 2/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) FEB 16 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____
(c) City or town St. Louis,
Little Sisters (If outside city or town limits, write "RURAL")
(d) Street No. Home For the Aged, 3400 So. Grand
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 15th
year 1945 hour 3: minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 10 to Feb 15 1945
that I last saw him alive on Feb 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Artery Sclerosis
general Duration 5 3/4

Due to 1860
Due to Arteriosclerosis of Heart & Blood Vessels
Other conditions High blood pressure 1945
(Include pregnancy within 3 months of death) Kept out of bed

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 Jan 24, 1945
(c) Where did injury occur? 2400 So Grand
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) 4.6
Address 607 So Grand Date signed 1/16

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

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.....

Warren A Carver

Licensed Embalmer No.....

3534

P. O. Address.....

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.