S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

#24711

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11523

318 1003

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3599

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

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

(d) Street No. 5800 Arsenal St
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Michael McMahon

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 31. 1883. (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Day Laborer

11. Industry or business .....

MOTHER FATHER

12. Name Patrick Mc. Mahon

13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

14. Maiden name Nora Murphy

15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Joseph Taylor

(b) Address 5055 Rhodes Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23. 45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebler-Benz Und Co.

(b) Address 2842 Meramec Street.

19. (a) APR 23 1945 (Date received local registrar) (b) J. F. Bresch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1945 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 4/21/45, 19..., to 4/22/45, 19...; that I last saw him alive on 4/22/45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart 10 years	
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette Date signed 4/22/45

(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.....Rex C. Campbell.....

Licensed Embalmer No.....3881.....

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.