

FILED SEP 28 1945
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8184**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4258a Red Bud Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(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 10**
(If outside city or town limits, write "RURAL")
(d) Street No. **4258a Red Bud Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country?..... **(Yes or No)**
If yes, name country.....

3. (a) PRINT FULL NAME **Caroline McMahon**

3. (b) If veteran, name war.....
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow** ✓

6. (b) Name of husband or wife **James McMahon**
6. (c) Age of husband or wife if alive years **14** 1867

7. Birth date of deceased.....
(Month) **February** (Day) **14** (Year) **1867**

8. AGE: Years Months Days If less than one day
78 **7** **5**
hr. min.

9. Birthplace **Chester Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **John Strus**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **(?) Hartman**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Bradley**

(b) Address **4258a Red Bud Ave.**

17. (a) **Burial** (b) Date thereof **9/22/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **SEP 20 1945** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19**
year **1945** hour **10** minute **A** M.

21. I hereby certify that I attended the deceased from **July 19 44**
19..... to **Sept 19 45** 19.....
that I last saw h. or alive on **Sept 19 45** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Subal Regurgitation

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 **[Signature]** (M. D. or other)
Address **187 S. Snider** Date signed **9/22/45**

Duration

1 day
1 1/2
1 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

197 Madison 000 17 19

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

Bernard S. Hoffman

Licensed Embalmer No.....

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.