

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 35592

FILED NOV 29 1945  
318

Primary Registration District No.

Registrar's No. 10178

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
17  
9

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:  
4159 N. Union 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)

3. (a) PRINT FULL NAME Dennis P. 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 Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 9, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 2 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation retired

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

12. Name Patrick McMahon  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Reardon  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lamson  
(b) Address 1316 N. Union

17. (a) Burial (b) Date thereof Nov. 26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.  
(b) Address 2201 S. Grand Bl.

19. (a) NOV 23 1945 J. J. Brudeck  
(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. 1316 N Union Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 23  
year 1945 hour 9 minute 30 A. M.  
21. I hereby certify that I attended the deceased from Sept 20 1945 to Nov 15 1945  
that I last saw him alive on Nov 15 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocardial Regeneration Duration 2 year  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Greatly dilated heart 297  
(Include pregnancy within 3 months of death)  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
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) Means of injury \_\_\_\_\_  
23. Signature Geo J. King (M.D. or other) MM  
Address 3442 Heraldin Ave Date signed 11/27/45

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.....

Licensed Embalmer No.....

3722

P. O. Address.....

412 Duchouquette St.

**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.**