

No. 2
5-17-39
X36671

FILED FEB 31 1946

Registration District No. _____ Primary Registration District No. _____

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two weeks
Since Birth (Specify whether years, months or days)

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. 2121a Russel Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMILY MCMAHON

3. (b) If veteran, name war None 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 Martin McMahon 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Mar. 31, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Fred Schwetye

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

14. Maiden name Minnie Nurge

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

16. (a) Informant Ernest H. Schwetye

(b) Address 7325 Margaretta Avenue

17. (a) Burial (b) Date thereof 1/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Ma th. Hermann & Son

18. (a) Signature of funeral director 2161 Ea st Fair Avenue
(b) Address _____

19. (a) JAN 24 1946 J. F. Brueck
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1946 hour 2:00 AM PM minute _____ M.

21. I hereby certify that I attended the deceased from 1/18
1946, 1946 to 1/23
that I last saw her alive on 1/23 and that death occurred on the date and hour stated above.

Immediate cause of death Post operative pneumonia
Due to _____

Due to 1/23/46
Other conditions 1/23/46
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal obstruction
Of autopsy due to gall stone

Duration _____
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) (e) Means of injury _____
23. Signature R. Berg (M. D. or other) MD
Address 2153 Webster Date signed 1/23/46

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 *William J. Burkholz*

Licensed Embalmer No. *2110*

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.