

No. 2  
-12-45  
S-17-39  
X47070

**FILED MAR 24 1947**  
**318**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2735**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri.

(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:  
1473 Park 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** FRANK MCMAHON

**3. (b) If veteran,** name was World War I **3. (c) Social Security No.** Unknown

**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** December 21 1891  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>55</u>	<u>2</u>	<u>23</u>	hr. _____ min.

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

**10. Usual occupation** Waiter

**11. Industry or business** Restaurant

MOTHER FATHER

**12. Name** James McMahon

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

**14. Maiden name** Margaret Haggerty

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

**16. (a) Informant** Mrs. Catherine Gorman

**(b) Address** 1473 Park Ave.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 3-17-47  
(Month) (Day) (Year)

**(c) Place: burial or cremation** De Soto, Mo.

**18. (a) Signature of funeral director** Albert H. Hoppe

**(b) Address** 4700 Washington Blvd.

**19. (a)** MAR 14 1947 J. J. Prudek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 22/17

(d) Street No. 1473 Park Ave.  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 14th  
year 1947 hour 9:00 minute \_\_\_\_\_ A. M.

**21. I hereby certify that I attended the deceased from** 2/28/47  
\_\_\_\_\_, 19\_\_\_\_, to 3/14/47, 19\_\_\_\_;

that I last saw h. im alive on 3/14/47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Carcinoma of the lung

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_

**Of operations** \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

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? \_\_\_\_\_

**23. Signature** H. M. Fitzgerald (M. D. or other) 0  
**Address** 1515 Lafayette **Date signed** 3/14/47

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**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.....

*Elmo R. Caswell*

Licensed Embalmer No. *4077*

P. O. Address.....

**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.**