S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

#49471

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22467

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6294

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 0 City Hospital
(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 St. Louis 060

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

(d) Street No. 4474 Norfolk Ave. 9
(If rural, give location) 10

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM MCMAHON

3. (b) If veteran, name war

3. (c) Social Security No. 489-14-6802

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May (Month) 14 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
45	1	16	hr. min.

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

10. Usual occupation R.R. Crossing Watchman

11. Industry or business

FATHER
12. Name William Chester McMahon
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Gray
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Katherine McMahon
(b) Address 4474 Norfolk Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 3, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JUL 8 1947 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1947 hour 3:50 minute A M.

21. I hereby certify that I attended the deceased from 6/24/47, 19..., to June 30th, 19 47 that I last saw him alive on June 30th, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	2 weeks
Due to Tuberculosis of the right kidney	?
Due to Pulmonary Tuberculosis for advanced	6 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature K. D. Gregory (M. D. or other)
Address 1515 Lafayette Date signed 6/30/47

Jefferson City Printing Co.

(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.....J. E. Burgess.....

Licensed Embalmer No.....4029.....

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.