

Registration District No. **318**

Primary Registration District No. **1003**

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:
CHRISTAIN HOSP. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 5 HR.

3. (a) PRINT FULL NAME JAMES MAHON JR.

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

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 DEC 13 1942
(Month) (Day) (Year)

8. AGE: Years 5 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation NONE CHILD

11. Industry or business _____

12. Name JAMES P. MAHON

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

14. Maiden name WUELLA PARSHALL

15. Birthplace St Louis Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant James Mahon
(b) Address 1160 Howell St

17. (a) BURIAL (b) Date thereof APRIL 9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Diedrich F. Nowak
(b) Address 8319 Agnes Ferry R. 9

19. (a) ADD 1948 (b) J. F. Braddock
(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 Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1160 HOWELL
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6
year 1948 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Apr 5-1948 to Apr 6-1948
that I last saw him alive on Apr 6-1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage

Due to Acute Lobar Pneumonia

Due to Large Brain (Adult Size)

Other conditions all stomachs enlarged
(Include pregnancy within 3 months of death)

Major findings: Same as above

Of operations _____ Of autopsy Same as above

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 W. W. White (M. D. or other) MD
Address 2803 N. Ring Highway Date signed 4-2-48

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

Gustav W. Dietrich

Licensed Embalmer No.

4329

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.