

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 2988  
933No. 300  
10.48

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4925a Geraldine Ave.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4925a Geraldine Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>4925a Geraldine A ve.</u>				
3. NAME OF DECEASED a. (First) <u>John Leslie McMahon</u> (Type or Print)			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 2 1893</u>		9. AGE (in years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kane Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Simon McMahon</u>			13b. MOTHER'S MAIDEN NAME <u>Mella McLaughlin</u>		14. NAME OF HUSBAND OR WIFE <u>Anna McMahon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1918-1919</u>		16. SOCIAL SECURITY NO. <u>488-18-6148</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna McMahon</u>				ADDRESS <u>4925a Geraldine</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT-CAUSES <u>Coronary Sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>g/a</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred <u>12:20 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Walter P. King Deputy Coroner</u>				23b. ADDRESS <u>1300 Clark Ave</u>		23c. DATE SIGNED <u>1/31/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb. 2 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harrel</u> ADDRESS <u>1905 Union Blvd.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4637

P. O. Address St. Louis

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.