

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10415			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			_____		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3509 University St.				d. STREET ADDRESS (If rural, give location) 10 - 3509 University St.							
3. NAME OF DECEASED (Type or Print) Katheryn			a. (First)			b. (Middle)			c. (Last) Mc. Mahon		
4. DATE OF DEATH Dec. 2 1949			5. SEX Female			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Aug. 23, 1875			9. AGE (In years last birthday) 74			IF UNDER 1 YEAR Months 3 Days 9 Hours _____ Min. _____			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Rolla, Missouri			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Dont Know			13b. MOTHER'S MAIDEN NAME Martha Lent			14. NAME OF HUSBAND OR WIFE John Mc. Mahon			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME John Mc. Mahon						ADDRESS 3509 University St.		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) General						INTERVAL BETWEEN ONSET AND DEATH 1 month 10 1/2	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 97			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		
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? 331X			22. I hereby certify that I attended the deceased from Oct 19 1949 , to Dec 2 1949 , that I last saw the deceased alive on Dec 2, 1949 , and that death occurred at 9:25 A. M. , from the causes and on the date stated above.		
23a. SIGNATURE J. B. Lasater				(Degree or title) _____				23b. ADDRESS 4114 W. K. ...		23c. DATE SIGNED 12/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Dec. 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. DEC 4 1949			REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros.			ADDRESS 3320 N. Kingshighway		

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Fred Frick

Licensed Embalmer No. 3186

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.