

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6496

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1367

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY Missouri	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4137 Obear Ave		d. STREET ADDRESS (If rural, give location) 10 4137 Obear Ave	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Patrick		b. (Middle) Mahon	
c. (Last) Mahon		e. (Month) (Day) (Year) February 9, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1872
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME John F. Mahon		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Minnie 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. 494-01-0457		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Mahon	
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, athermia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rectum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 154 X	
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 <u>Sept 15, 1948</u> , to <u>Feb 9, 1950</u> , that I last saw the deceased alive on <u>Feb 8, 1950</u> , and that death occurred at <u>1:15 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Arthur S. Sander</u>		23b. ADDRESS 2202 University St.	
23c. DATE SIGNED Feb. 10/1950		23d. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23e. LOCATION (City, town, or county) (State) St. Louis, Missouri		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-13-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc.	
25. ADDRESS 2161 E. Fair Ave		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 11 <u>J. B. Lasater</u>	

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

mm

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 *Herbert G. Burnley*
Licensed Embalmer No. *4202*

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.