

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22360  
Registrar's No. 1485

BIRTH NO. _____		REG. DIST. NO. <u>1317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1485</u>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>21 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MAPLEWOOD</b>		<b>4534</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VET. ADMIN. HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>7232 Zephyr Place</b>			
3. NAME OF DECEASED a. (First) <b>JOSEPH</b> (Type or Print)			b. (Middle) <b>LEONARD</b>		c. (Last) <b>MAHONEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 14, 1950</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-10-25</b>		9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Commercial Artist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOSEPH FRANK MAHONEY</b>			13b. MOTHER'S MAIDEN NAME <b>VIRGINIA DODD</b>		14. NAME OF HUSBAND OR WIFE <b>JACQUELINE MAHONEY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>492201203</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LEUKO SARCOMA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>VENTRICULAR FIBRILLATION</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>2002</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.) <b>VA</b>		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 <b>5-25-50</b> , 19 <b>50</b> , to <b>6-14-50</b> , 19 <b>50</b> , and that death occurred at <b>5:30 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. E. Stilwell, M.D.</b> <b>L. E. STILWELL, Chief, Prof. Svcs.</b>				23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS, MO.</b>		23c. DATE SIGNED <b>6-14-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-16-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL</b>		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>6-15-50</b>		REGISTRAR'S SIGNATURE <b>Robert R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. HOFFMEISTER U&amp;L CO. St. Louis, Mo.</b>			

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

2009 8 2 10:22

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Louis C. Hoffmeister*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.