

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43756
10150
State File No. 11260

318

1003

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

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 Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 Month		c. CITY (If outside corporate limits, write RURAL and give township) OR S9 TOWN Webster Groves		4597	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5375 Pershing Ave				d. STREET ADDRESS (If rural, give location) 31 Denver Place			
3. NAME OF DECEASED (Type or Print) a. (First) Kathryn		b. (Middle) M		c. (Last) Mahaney		4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 7, 1871	
9. AGE (In years last birthday) 79		10. 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) Webster Groves, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hy. Horch		13b. MOTHER'S MAIDEN NAME Wilhelmina		14. NAME OF HUSBAND OR WIFE William Mahaney	
15. HAS 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 ADDRESS Mrs. Dr. R. Lamb 5375 Pershing Ave			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Cerebral Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____				General Atherosclerosis	
		DUE TO (c) _____				Essential Hypertension	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						3 years	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 8:32 X			
22. I hereby certify that I attended the deceased from Dec 10, 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Martin W. Davis, MD				23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 12/31/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 1-2-51		24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. JAN 2 1951		REGISTRAR'S SIGNATURE J B Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL Home, INC 73 W. LOCKWOOD AVE W.G.			

11260

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.....

James Danbley

Signed.....
Student Embalmer

Licensed Embalmer No. *3653*

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.

*Miss Helen Rivers 470 Cambridge ave
Re 5000*