

FILED DEC 13 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39464**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2770**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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) CLAYTON		c. LENGTH OF STAY (in this place) 4 HOURS	c. CITY OR TOWN PICMOND HEIGHTS d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOOP.		STREET ADDRESS (If rural, give location) 1015 MOORLAND DR	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) P.	c. (Last) McMahon	4. DATE OF DEATH (Month) (Day) (Year) 11 - 30 - 54
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-17-1875
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARCHITECT	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARCHITECT	10b. KIND OF BUSINESS OR INDUSTRY Self-employed	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN McMAHON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ANNA L. McMAHON

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. UNK.	17. INFORMANT'S SIGNATURE OR NAME BERNARD McMAHON	ADDRESS 12 BERNSHIRE
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion - severe		4 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trauma (Auto accident) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured pelvis - Left Fr. Fractured Ribs - Left 6-7 Bilat polycystic kidneys.		4 hrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Hq.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clayton St. Louis, MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-30-54 4:22 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? WHILE ATTEMPTING TO ENTER CLAYTON ROAD (Auto collision) STRUCK BY WEST BOUND AUTO.
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22. I hereby certify that I attended the deceased from **11-30, 1954**, to **11-30, 1954**, that I last saw the deceased alive on **11-30, 1954**, and that death occurred at **8:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter S. Wilson MD	23b. ADDRESS 601 S. Brentwood Clayton, Mo.	23c. DATE SIGNED 11/30/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-3-54	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
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DATE REC'D BY LOCAL REG. 12/1/54	REGISTRAR'S SIGNATURE Herbert R. Lombard	25. FUNERAL DIRECTOR'S SIGNATURE ROCK MORTUARY	ADDRESS 889 S. BRENTWOOD BLVD
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.