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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38585

FILED DEC 2 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10158**

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist		d. STREET ADDRESS (If rural, give location) 18 4050 Chouteau Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) CLOICE b. (Middle) C. c. (Last) MC MAHEL			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 20, 1889
9. AGE (In years last birthday) 66		10. MONTHS 9	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Sash & Door Co.	11. BIRTHPLACE (State or foreign country) Ireland, Indiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William Mc Mahel	
13b. MOTHER'S MAIDEN NAME Augusta (Unknown)		14. NAME OF HUSBAND OR WIFE Sadie Mc Mahel	
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. NO.	
17. INFORMANT'S SIGNATURE OR NAME 505 Plum--Mt. Carmel, Ill		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES artio-sclerotic coronary thrombosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ 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 420.1	
20. AUTOPSY? YES <input 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.)		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 5/22, 1954 , to 11/20, 1955 , that I last saw the deceased alive on 11/20, 1955 , and that death occurred at 7:20p m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Stanley W Wald MD		23b. ADDRESS 457 N. Kingshway--St. Louis	
23c. DATE SIGNED 11/21/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11/23/55		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Mt. Carmel, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE 1101 N. 9th.-E. St. Louis	
DATE REC'D BY LOCAL REG. NOV 21 1955		REGISTRAR'S SIGNATURE J. Carl Smith	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

[Handwritten Signature]

Licensed Embalmer No.

7541

P. O. Address.....

E. H. Conwell

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.