THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35864

FILED OCT 16 1956

318 — Registration District No. | Primary Registration District No. | 1003 STATE FILE NUMBER | Registrar's No. 8631

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4549 Westminster — Length of stay in 1b: 2/12 d. STREET ADDRESS (If outside, give location): 4549 Westminster

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes X No ☐
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Dorothea Middle: Last: McMahan
4. DATE OF DEATH: Month Sept. Day 17 Year 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 14, 1914
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Youngstown, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Evan Harvey
14. MOTHER'S MAIDEN NAME: Nellie Mirfin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Howard McMahan, Address: 4549 Westminster

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 456X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased (from Dec 1955, to Present and last saw her alive on 8/8/56. Death occurred at 12 NOON on 17 September 56 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. Clement D. Jenny (Degree or title) D.
22b. ADDRESS: 100 N Euclid St Louis
22c. DATE SIGNED: 18 Sept 56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-18-56
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Girard, Ohio.

24. FUNERAL DIRECTOR: Albert H. Hoppe, ADDRESS: 4700 Washington
25. DATE RECD. BY LOCAL REG.: SEP 18 1956
26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.