Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034483
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9013

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Baptist Hospital — Length of stay in 1b: 45 yrs.

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 [ ]
d. STREET ADDRESS (If outside, give location): 4929a Lindenwood — Reside on Farm: Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print): First SIDONIA — Middle LOUISE — Last MC MAHON

4. DATE OF DEATH: Month September — Day 16 — Year 1958

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 6, 1902
9. AGE (In years last birthday): 56 — 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): office worker
10b. KIND OF BUSINESS OR INDUSTRY: Department Store
11. BIRTHPLACE (City and state or country): New Melle, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Maschmeier
13b. MOTHER'S MAIDEN NAME: Caroline M. Holz
14. NAME OF HUSBAND OR WIFE: Joseph T. McMahon

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.: 489-01-8841
17. INFORMANT: Joseph T. McMahon, Address: 4929a Lindenwood Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive hepatic & peritoneal metastases — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO (b) carcinoma of breast — 24 years
DUE TO (c) Carcinoma Breast. — 170 X
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
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 [X]

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: St Louis — COUNTY — STATE: Mo

21. I attended the deceased from June 9 1957, to Sept 16 1958 and last saw her/him alive on Sept 15 1958
Death occurred at 9:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Gene B. Starkoff (title) M.D. — Gene B. Starkoff M.D.
22b. ADDRESS: 100 N. Euclid — 100 N. Euclid
22c. DATE SIGNED: Sept 17 58

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: Sept. 19, 1958
23c. NAME OF CEMETERY OR CREMATORY: Our Redeemer Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: BEIDERWIEDEN F.H. INC. — ADDRESS: 1956 St. Louis Ave
25. DATE RECD. BY LOCAL REG.: SEP 18 '58
26. REGISTRAR'S SIGNATURE: J. Carl Smith MD — MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. Eugene B. Starkloff,
100 No. Euclid
11 to 1 PM

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. 4520

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.