

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042850
STATE FILE NUMBER
3046

FILED DEC 1 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3046

300
1-57

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, give TOWNSHIP only) Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bellefontaine 40° Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nurs. Home		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) Olive Street Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Last Mahon			4. DATE OF DEATH Month 11 Day 20 Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 9, 1886
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months Days 	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) St. Peters, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael Mahon	
13b. MOTHER'S MAIDEN NAME Katherine Westoff		14. NAME OF HUSBAND OR WIFE none	
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. -	17. INFORMANT Annie Nelke, Chesterfield, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC NEPHRITIS			INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARDIO-VASCULAR DISEASE			?
DUE TO (c) 4221			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Nov. 1, 1958 to Nov. 20, 1958 and last saw her alive on Nov. 19, 1958 Death occurred at 5:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B.R. Loving M.D. (Degree or title)		22b. ADDRESS BALLWIN, MO.	22c. DATE SIGNED 11-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/22/58	23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery,	23d. LOCATION (City, town, or county) (State) Manchester, Mo.
24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 11-21-58	26. REGISTRAR'S SIGNATURE Herbert L. Lumbke, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard M. Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Bellewin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.