URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042203

FILED VS DEC 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210645 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

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) OR TOWN St. Louis | Length of stay in 1b

c. CITY OR TOWN University City | Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Chronic Hosp. | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6811 Melrose | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Albert Middle J. Last McMahon

4. DATE OF DEATH Month 11 Day 17 Year 59

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-24-1900

9. AGE (last birthday) 58 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY Government

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry McMahon

13b. MOTHER'S MAIDEN NAME Mary Tansey

14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Vincent McMahon Address 6811 Melrose

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary Occlusion bilateral

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fractured Hip 904.7 45

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered in fall

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) at about October 24th

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10 24 59 1959

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.) 3 U Home

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo. STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 830 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick P. Taylor Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 11.18.59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-21-1959

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR Jos.W.Clark F.H. ADDRESS 1125 Hodiamont

25. DATE RECD. BY LOCAL REG. NOV 18 1959

26. REGISTRAR'S SIGNATURE Hal Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Alfred F. Boede

Licensed Embalmer No. 2663

P. O. Address 1125 Holl

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