

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 25 1960

60-012917

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3038**

| | | | | | | | |
|---|--|---|--|---|---|--|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis, | | Length of stay in 1b 19 days | | c. CITY OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little Rock INSTITUTION Hospitals, Inc. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4966 Bancroft Ave., | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First James Middle F. Last McMahon | | | 4. DATE OF DEATH Month March Day 13, Year 1960 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH May 22, 1882 | 9. AGE (last birthday) 77 yrs. | 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) Clerk (Retired) Mo. Pac. R.R. Railroad | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo. | | 11. BIRTHPLACE (City and state or country) U.S.A. | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME Unknown McMahon | | | 13b. MOTHER'S MAIDEN NAME Unknown Conroy | | 14. NAME OF HUSBAND OR WIFE Late Frances R. McMahon | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address J.K. McMahon 4966 Bancroft Ave. | | | |
| 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) Cardiac Decompensation | | | | | | | |
| DUE TO (b) Generalized Arteriosclerosis | | | | | | | |
| DUE TO (c) Senility | | | | | | 450.0 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. | Month, Day, Year | | | | | | |
| 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 Feb. 24, 1960 to March 13, 1960 and last saw ^{her} him alive on March 13, 1960 Death occurred at 3:50 P.M., _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD | | | | 22b. ADDRESS 1755 S. Grand Blvd. | | 22c. DATE SIGNED 3-14-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3-16-60 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | | 23d. LOCATION (City, town, or county) St. Louis Co., Mo. | | 23e. (State) | |
| 24. FUNERAL DIRECTOR Kriegshauser Mortuary | | ADDRESS 4228 So. Kingshighway | | 25. DATE RECD. BY LOCAL REG. MAR 15 1960 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> M.D. | |
| | | St. Louis, Mo. | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Stovesend

Licensed Embalmer No. 4007

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.