

AMENDED

Registration District No. _____ Primary Registration District No. 318 Registrar's No. 7075

FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois , COUNTY Auburn,	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis,		Length of stay in 1b 1 day 6 hours	c. CITY OR TOWN Auburn,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 407 No. Park Ave.

3. NAME OF DECEASED (Type or print) First Middle Last Cashman Ernest McMahon	4. DATE OF DEATH Month Day Year July 30, 1961.
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1889	9. AGE (last birthday) 71 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Bushnell, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME David J. McMahon	13b. MOTHER'S MAIDEN NAME Ella Harris	14. NAME OF HUSBAND OR WIFE Della
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#1	16. SOCIAL SECURITY NO. W.W.#1	17. INFORMANT Della McMahon 407 Park Auburn, Illinois	Address
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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 36 hrs.
IMMEDIATE CAUSE (a) Myocardial Infarction		
DUE TO (b) Coronary Artery Thrombosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) Arteriosclerosis 420.1	

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
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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.)
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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 Auburn	COUNTY Auburn	STATE
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21. I attended the deceased from **July 29, 1961 - 4 PM** to **July 30, 1961** and last saw her/him alive on **July 30, 1961**.
Death occurred at **10:05 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>David A. Smith, M.D.</i>	(Degree or title)	22b. ADDRESS 1755 South Grand Blvd.,	22c. DATE SIGNED 7/31/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-3-1961	23c. NAME OF CEMETERY OR CREMATORY Auburn Cemetery	23d. LOCATION (City, town, or county) Auburn	23e. (State) Ill
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24. FUNERAL DIRECTOR Harry Willis Rumeral Home-	ADDRESS Auburn, Illinois	25. DATE RECD. BY LOCAL REG. JUL 31 1961	26. REGISTRAR'S SIGNATURE <i>David Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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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 Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al. Chase

Licensed Embalmer No. _____

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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.