

XC-170 1656  
Reg. # 83776  
FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19022

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2112

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JEFF BRKS MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ALTON</b>	
c. LENGTH OF ORN <b>347</b> (in this place) days		d. STREET ADDRESS (If rural, give location) <b>2416 Brown Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETS ADMIN HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>	b. (Middle) <b>(NMI)</b>	c. (Last) <b>MC MAHON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 8, 1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>11-5-86</b>
9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>Alton, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JAMES MC MAHON</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH VALELLY</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>Yes</b> (If yes, give date of service) <b>WWI</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSP RECORDS, JEFF. BKS. MO.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ADENOCARCINOMA OF COLON WITH METASTASES</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>HOMICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-14 1950, to 5-8, 1951, ~~XXXXXX~~ and that death occurred at 5157A m., from the causes and on the date stated above.

23a. SIGNATURE <i>E.C. O'Brien</i> (Degree or title) <b>E.C. O'BRIEN MD</b>	23b. ADDRESS <b>VA HOSP, JEFF. BKS. MO.</b>	23c. DATE SIGNED <b>5-8-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 11, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Patrick's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Alton, Madison, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>5/9/51</b>	REGISTRAR'S SIGNATURE <i>Herbert P. Lamb MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert J. Streaper</i>	ADDRESS <b>Alton, Ill.</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert H. Streater

Licensed Embalmer No. 2474

P. O. Address Altos, Ill.

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 this body is not embalmed, fact should be so stated above.