

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14537
State File No. 3655

FILED MAY 1 - 1952

| | | | | | | | | | |
|---|--|--|---|--|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | |
| 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, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 33 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2239 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1534 Mississippi | | | | d. STREET ADDRESS (If rural, give location) 23 1534 Mississippi | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | | b. (Middle) Francis | | c. (Last) McMahon | | 4. DATE OF DEATH (Month) (Day) (Year) April 17, 1952 | | |
| 5. SEX 0 Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 8. DATE OF BIRTH May 25 1876 | | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 75 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cutter | | | 10b. KIND OF BUSINESS OR INDUSTRY Leather worker | | | 11. BIRTHPLACE (City and State or Foreign Country) La Salle Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME James McMahon | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Vallery | | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. 89-05-5675A | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Thomas J. Fleming | | | ADDRESS 418 Prospect Alton Ill. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Interstitial Nephritis DUE TO (c) Generalized Arteriosclerosis | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 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 type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 446X | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Shirley E. Taylor (Degree or title) _____ | | | | 23b. ADDRESS 1300 Clark Ave | | 23c. DATE SIGNED 4/18/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/21/52 | | 24c. NAME OF CEMETERY OR CREMATORY St. Patricks | | 24d. LOCATION (City, town, or county) (State) Alton Illinois | | | |
| DATE REC'D BY LOCAL REG. APR 18 1952 | | REGISTRAR'S SIGNATURE K. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Streeper | | ADDRESS 2521 Edward St Alton Ill. | | | |

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

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 D. Steeper

Licensed Embalmer No. 2474

P. O. Address 2521 Edwards St Alton

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.