

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4803											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo				c. LENGTH OF STAY (in this place) 6 yrs-6 mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis State Hospital				d. STREET ADDRESS (If rural, give location) 5400 Arsenal St (9)													
3. NAME OF DECEASED (Type or Print) Margaret			a. (First)			b. (Middle) McAleenan			c. (Last)			4. DATE OF DEATH (Month) May (Day) 20 (Year) 1951					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Jan. 22, 1868			9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 5		IF UNDER 24 HRS. Days 2 Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY seef				11. BIRTHPLACE (State or foreign country) Ireland				12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME Arthur McSinnia				13b. MOTHER'S MAIDEN NAME Catherine McNeely				14. NAME OF HUSBAND OR WIFE John									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME James McAleenan				ADDRESS 394 8th Washington					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease													
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility													
				DUE TO (c)													
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old fracture right hip, year ago.													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.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 H200									
22. I hereby certify that I attended the deceased from March, 1945, to May 20, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 p.m., from the causes and on the date stated above.																	
23a. SIGNATURE John Schlenker M.D.						23b. ADDRESS 5400 Arsenal Street						23c. DATE SIGNED.					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 5/23/51				24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Mo					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 22 1951 J. Brasater				25. FUNERAL DIRECTOR'S SIGNATURE J. A. Howard				ADDRESS 1619 So. Grand									

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ray W. Wilkins

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.