

FILED JUN 6 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4837

1. PLACE OF DEATH:

(a) County St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3515a S. 2nd St. (Rear)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Mary Ann McReaken

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John McReaken 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased February 24 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 4 ..hr. ..min.

9. Birthplace Jersey County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jonathan Manning
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mirin Belle Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph McReaken
(b) Address Edwardsville, Ill.

17. (a) Removal (b) Date thereof 5-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sorento, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 29 1946 (b) J. F. Minder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
(c) City or town St. Louis
(d) Street No. 3515a S. 2nd St. (Rear)
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 10, 1943, to May 28, 1946.
that I last saw him alive on May 27, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis Duration 3 yrs.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. F. Minder (M. D. or other) M.D.
Address 2000 29th Date signed 5/29/46

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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Henry M. Brummer

Licensed Embalmer No. 4200

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