

FILED JUL 31 1946
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5574**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 ds.**
In this community **69 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6263 Nottingham Ave**
(If rural, give location) **147**
(e) Citizen of foreign country? _____ (Yes or No) **9**
If yes, name country _____

3. (a) PRINT FULL NAME **MARY A. MACKEN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife **John J** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 15 1876**
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **At Home**

12. Name **Joseph Mc Knight**

13. Birthplace **Ireland**

14. Maiden name **Anna Guinlivan**

15. Birthplace **Ireland**

16. (a) Informant **Clara Robinson**

(b) Address **5400 Arsenal**

17. (a) **Burial** (b) Date thereof **6 26 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshausner**

(b) Address **4228 So. Kingshighway**

19. (a) **JUN 24 1946** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **June** 23, year **1946** hour **6.00** minute _____ P _____ M.

21. I hereby certify that I attended the deceased from **June 7**, 19**46**, to **June 23**, 19**46**, and that death occurred on the date and hour stated above.

that I last saw her **er** alive on **June 23**, 19**46**, and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death _____

Due to **Encephalomalacia, left 6/7/46 x**

Due to **Arteriosclerosis, generalized 6/7/46x**

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: **830**

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) (c) Means of injury _____

23. Signature **J. F. Brudeck** (M. D. or other) **0**

Address **5400 Arsenal** Date signed **6/24/46**

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

MOTHER FATHER

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 Edwin D Mc Dermott

Licensed Embalmer No. 3824

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.