V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

Registration District No. 4

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7988

Primary Registration District No. 1000

Registrar's No. 451

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Hours
In this community: Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1904 Edmond St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Elizabeth Gertrude McAleer
3. (b) If veteran, name war: None
3. (c) Social Security No. 491-10-2142
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: * years
7. Birth date of deceased: July (Month) 17 (Day) 1891 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	55	8	9	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Stenographer
11. Industry or business: Hall Abstract Co.

FATHER
12. Name: Hugh McAleer
13. Birthplace: Cumberland (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name: Annie Lynch
15. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Miss Mary McAleer
(b) Address: 1904 Edmond St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Siebenthaler
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) April, 1947 (Date received by local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 26 year: 1947 hour: 10 minute: 00 P. M.
21. I hereby certify that I attended the deceased from Feb 26, 1946, to March 26, 1947 that I last saw him alive on Mar. 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hrs.
Due to: Influenza	1 wk.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Wm. Siebenthaler (M. D.)
Address: St. Joseph, Mo. Date signed: 3-27-47

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.