S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17784

FILED MAY 26 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4574

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

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: MO. PAC. HOSP. D
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5719 Goethe 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME McAleenan, Mrs. Ellen
3. (b) If veteran, name war NONE
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDWARD
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 10 (Day) 1871 (Year)

8. AGE: Years 76 Months 5 Days 6 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business
FATHER
12. Name JOHN DILLON
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELLEN MEEHAN
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant EDWARD McALEENAN
(b) Address 5719 GOETHE AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 S. KINGSHIGHWAY
19. (a) MAY 17 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1948 hour 9 minute 40 P M.
21. I hereby certify that I attended the deceased from April-6 1948 to May 16 1948
that I last saw her alive on May 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture Left Hip 4-3-48
Chronic Myocarditis
Due to Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Fracture Left Hip
Of autopsy NONE

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 4-3-48 000
(c) Where did injury occur? St. Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature J. A. Lembeck M.D. (M. D. or other)
Address 1607 N. Grand Date signed 5-17-48

Jefferson City Printing Co.

(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 Richard W. Stoveraud

Licensed Embalmer No. 4007

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.