

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42734
State File No.

FILED JAN 7 1950

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11155

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>080</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4517a Fair Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>4517a Fair Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>L.</u> c. (Last) <u>MacAleney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 26, 1949.</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 5, 1910</u>
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Modesto, Illinois.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Walter Reed</u>	
13b. MOTHER'S MAIDEN NAME <u>Ola Crum</u>		14. NAME OF HUSBAND OR WIFE <u>John H. MacAleney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John H. MacAleney</u>		ADDRESS <u>4517a Fair Ave.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage Rt. Side</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____		

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) <u>102</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>

22. I hereby certify that I attended the deceased from 5-15, 1949, to 12-20, 1949, that I last saw the deceased alive on 12-20, 1949, and that death occurred at 11:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Morrison</u> (Degree or title)	23b. ADDRESS <u>4110 W. Flannigan Ave.</u>	23c. DATE SIGNED <u>12-27-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield, Illinois.</u>		

DATE REC'D BY LOCAL REG. <u>DEC 28 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u>	ADDRESS <u>2161 E. Fair Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

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.