

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

24895
State File No. 6894
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 4146 Farlin Av. 2109	

3. NAME OF DECEASED (Type or Print) a. (First) Archie b. (Middle) W. c. (Last) McClenahan.			4. DATE OF DEATH (Month) (Day) (Year) 7/23/54		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 27, 1902	9. AGE (In years) (Month) (Day) (Year) 52	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meatcutter		10b. KIND OF BUSINESS OR INDUSTRY Meat.		11. BIRTHPLACE (City and State or Foreign Country) Illinois.	

13a. FATHER'S NAME Unk. McClenahan		13b. MOTHER'S MAIDEN NAME Anna Shea		14. NAME OF HUSBAND OR WIFE Alma McClenahan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erbin McClenahan, 4146 Farlin	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease & Hypertension.		
	DUE TO (c) Tuberculosis		
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 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200 A
22. I hereby certify that I attended the deceased from Jan 20, 1953 to July 22, 1954 , that I last saw the deceased alive on July 22, 1954 , and that death occurred at 6 pm from the causes and on the date stated above.		

23a. SIGNATURE (Denge or title) Donald Ricker M.D.	23b. ADDRESS 3121 No. Grand.	23c. DATE SIGNED 7-24-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/27/54	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. JUL 26 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's Euclid at St. Louis.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Albert Maffie*

Licensed Embalmer No. 30

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.