

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39001

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10337

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | d. STREET ADDRESS (If rural, give location) #10 No. 10th., St., 25 | |

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|--|--------------------|---------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Anna | b. (Middle) Mary | c. (Last) Macenaney | 4. DATE OF DEATH (Month) (Day) (Year) 11 13 1954 |
|--|--------------------|---------------------|------------------------|--|

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|------------------|---------------------------|---|-----------------------------------|---------------------------------------|---------------------------|--------------------------|-------------------------|---------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 12, 1908 | 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Mins. |
|------------------|---------------------------|---|-----------------------------------|---------------------------------------|---------------------------|--------------------------|-------------------------|---------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker | 10b. KIND OF BUSINESS OR INDUSTRY Shoe factory | 11. BIRTHPLACE (State or foreign country) Ashley Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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|---------------------------------------|---|--|
| 13a. FATHER'S NAME Frank Siglinski | 13b. MOTHER'S MAIDEN NAME Mary Stelmerschensky | 14. NAME OF HUSBAND OR WIFE James Macenaney |
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|--|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Stella Siemer-523A, Market St., | ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES | | | |
| | Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last. | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

Lobar Pneumonia
Gastric Hemorrhage
(ulcer)

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

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|--|--|---|
| 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) |
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|---|--|------------------------------------|
| 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? 5400 |
|---|--|------------------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:25A m., from the causes and on the date stated above.

| | | | |
|--|---------------------------------------|----------------------------|------------------------------|
| 23a. SIGNATURE <i>Joseph A. Smith</i> | (Degree or title) Deputy Registrar | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 11/15/54 |
|--|---------------------------------------|----------------------------|------------------------------|

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|--|------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 11-16-'54 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo |
|--|------------------------|--|--|

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| DATE REC'D BY LOCAL REG. NOV 15 1954 | REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Moydell</i> | ADDRESS Moydell Funeral Home-1926 Allen Ave |
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(Licensed Embalmer's Statement on Reverse Side)

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

2009

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
Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 4, 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.