

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Ave		c. CITY OR TOWN H 000	
c. LENGTH OF STAY (in this place)		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 St. John's Hospt		STREET ADDRESS (If rural, give location) 1429 Comet Drive St. Louis County	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) F	c. (Last) Macken	4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1955
--	--------------------------	----------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 19 1881	9. AGE (In years) last birthday 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	--	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Operator	10b. KIND OF BUSINESS OR INDUSTRY Street Cars	11. BIRTHPLACE (City and State or Foreign Country) Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	---	---

13a. FATHER'S NAME John Macken	13b. MOTHER'S MAIDEN NAME Mary Mea	14. NAME OF HUSBAND OR WIFE Alice Macken
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 493-10-9140 A	17. INFORMANT'S SIGNATURE OR NAME Lawrence Macken	ADDRESS 1429 Comet Dr St. L Co
--	---	---	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332x		

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)
--	--	---

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Nov 15, 1955**, to **Dec 26, 1955**, that I last saw the deceased alive on **12-25, 1955**, and that death occurred at **3:20 AM**, from the causes and on the date stated above.

23a. SIGNATURE Carl J. Reis	(Degree or title) M.D.	23b. ADDRESS 18 So. Kingshighway	DATE SIGNED 12-28-55
---------------------------------------	----------------------------------	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 29 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. DEC 28 1955	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan	ADDRESS 2849 No Euclid Ave
--	---	---	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

DR ORT. FALL
285 KINGSHWAY
FO 1-0150
HRS 12 TO 5 PM

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 Mayfield*

Licensed Embalmer No. *307*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.