

FILED APR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14985

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2853

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Vandalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 25 City Hospital # 1		e. STREET ADDRESS 32		f. (If rural, give location) S1208	
3. NAME OF DECEASED (Type or Print) Glen		a. (First)		b. (Middle)	
c. (Last) Mc Alpin		4. DATE OF DEATH (Month) (Day) (Year) 3 - 22 - 57			
5. SEX M		6. COLOR OR RACE C White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2-17-1900		9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News Distributor		10b. KIND OF BUSINESS OR INDUSTRY News Agency		11. BIRTHPLACE (City and State or Foreign Country) Marion, Ill.	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME William H. McAlpin		13b. MOTHER'S MAIDEN NAME Byrd Holland	
14. NAME OF HUSBAND OR WIFE Lucille McAlpin		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 Lucille McAlpin		ADDRESS Vandalia, Ill.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION Ruptured dissecting aneurysm of the ascending portion of the arch of the aorta		INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		3. DUE TO (b) <i>aneurysm of the ascending portion of the arch of the aorta</i>			
11. 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 45:1X		20. AUTOPSY? YES <input checked="" 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Catriel Taylor-Cowan		(Name or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3-25-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-25-57	
24c. NAME OF CEMETERY OR CREMATORY New Rose Hill		24d. LOCATION (City, town, or county) (State) Vandalia, Fayette, Ill.			
DATE REC'D BY LOCAL REG. MAR 25 57		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Paul H. Smith	
		ADDRESS		ADDRESS	

mrb (Licensed Embalmer's Statement on Reverse Side)

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

AIF 0

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 not embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 11175
P. O. Address East 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.