

**FEDERAL BUREAU OF INVESTIGATION**  
**DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-034058**

**FILED VS. SEP 29 1959**

**2 8447**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nebraska &amp; Sidney Sts.</b>		d. STREET ADDRESS (If outside, give location) <b>5308 So. Compton Ave.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mamie McClenahan</b>		4. DATE OF DEATH Month Day Year <b>Sept. 12, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/31/02</b>
9. AGE (last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Venice, Illinois</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Liske</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha -----</b>		14. NAME OF HUSBAND OR WIFE <b>George V. McClenahan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT Address <b>Mildred Brown-4004 Dolbil, Lemay, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>hemorrhage (sub-dural) suffered in collision between car operated by one George McClenahan, in which deceased was a passenger and car operated by one Johnny Hulon, at intersection of Sidney and Nebraska about 10:30 p.m. Sept. 12, 1959. CRIMINAL CARELESSNESS ON THE PART OF JOHNNY HULON</b> DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Criminal Carelessness (see above)</b>	
20c. TIME OF INJURY Hour s.m. Month, Day, Year <b>10:30 P.M. 9/12/59</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>31 street</b>	
20e. CITY, TOWN, OR LOCATION <b>St. Louis, Missouri</b>		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>10:50P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. Quinn Deputy Coroner</i>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>9/14/59</b>		23. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
23b. DATE <b>Sept. 17, 1959</b>		24. FUNERAL DIRECTOR <b>WACKER-HELDERLE-3634 Gravois Ave.</b>	
25. DATE RECD. BY LOCAL REG. <b>SEP 14 '59</b>		26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFRUIT OF

**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 *V E Morris*

Licensed Embalmer No. 3360

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.