

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21945

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Bethesda Hospital)..... St. 6092 Ward.....

**2. FULL NAME**

David B Mader  
 (a) Residence. No. 2104 Waverly Pl St. 13 Ward.....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX  
 4. COLOR OR RACE  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male white single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11<sup>th</sup> 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... St. Louis  
 (STATE OR COUNTRY)

10. NAME OF FATHER David B Mader

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... St. Louis  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Berelchini

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Kans.  
 (STATE OR COUNTRY)

14. INFORMANT David B Mader  
 (Address) 2104 Waverly Place

15. FILED May 10 1928 Ray C. Harlow REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1928

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to June 5, 1928, and that I last saw him alive on June 5, 1928, and that death occurred, on the date stated above, at 7:40 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral as of lower extremities non-traumatic cause unknown

CONTRIBUTORY (SECONDARY) 218  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? East St. Louis. Ill

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. W. Star White, M. D.

June 6 1928 (Address) 4600 Olive  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL 6-7 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

INCL. WITH UNFADING INK---THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. White

Feb. 1909.

Dear Sir,

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