

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 10 1936

791

3740

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **7311 Dodier st**)..... St. Ward.....

File No.....
 Registered No. **9911**
 St. Ward.....

2. FULL NAME

(a) Residence, No. **2311 Dodier** St., **20** Ward.

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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 30 1872</i>		
7. AGE	YEARS <i>65</i>	MONTHS <i>2</i>
	DAYS <i>27</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Watchman</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Alton Ill</i>		
FATHER	13. NAME <i>Michael Madden</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
MOTHER	15. MAIDEN NAME <i>Bridget Malley</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Walter Tiebig 2311 Dodier st</i>		
18. BURIAL, CREMATION, OR REMOVAL		
	PLACE <i>Calvary Cem</i>	DATE <i>Jan 1936</i>
19. UNDERTAKER (ADDRESS) <i>W. Leisner, Mch Co 1417 1/2 Market St</i>		
20. FILED <i>JAN 27 1936 J. J. Predeck Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 26 1936*

22. I HEREBY CERTIFY, that I attended deceased from *Jan 10 1936* to *Jan 26 1936*
 First saw him alive on *Jan 26 1936*. Death is said to have occurred on the date stated above, at *8 P. M.*
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis Date of onset *Jan 10 1936*

Other contributory causes of importance:
Valvular prot. valves
Nephritis chronic

Name of operation **131** Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) *W. Maloney, M. D.*
 (Address) *1625 - 2nd Ave*

JAN 27 1936

Dr. Clinton Hall

Apr 10 87

16 27 Power Trace.