WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 27 1936

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

Do not use this space.

16754

File No.

Registered No. 37

1. PLACE OF DEATH

County St. Louis — Registration District No. 786

Township Jefferson — Primary Registration District No. 4469

City Maplewood (No. 7754, Sarah St. St. Ward)

2. FULL NAME Andrew Madden

(a) Residence, No. 7754 Sarah St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bridget Madden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 21

7. AGE: Years 75 — Months 0 — Days 0 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School

10. Date deceased last worked at this occupation (month and year): 10 years Ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER

13. NAME: Andrew Madden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

17. INFORMANT: Mrs. Bridget Madden
(ADDRESS) 7754 Sarah St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maysville, Ky. DATE 4/23 1936

19. UNDERTAKER Graham Funeral Co. Inc.
(ADDRESS) 7126 Manchester Ave.

20. FILED May 10, 1936 Pauline Breitenstein
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/21, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to April 21, 1936

I last saw him alive on April 21, 1936 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Thyroid	Jan 3-1931

Other contributory causes of importance:

Chronic myocarditis	?

Name of operation: Date of:

What test confirmed diagnosis? Clin. & Path. Was there an autopsy? No

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? No

If so, specify

(Signed) Leo J. Reilly, M. D.

(Address) 8105 Page Blvd.