

JUN 6 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. 4244 Shenadoah

File No. **21387**
Registered No. **5618**
St. Ward)

2. FULL NAME Edward J. Madigan

(a) Residence, No. 4244 Shenadoah St.,

17 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Madden</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 1854</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>		<u>2</u>	<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Proof Reader</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Newspaper (Daily)</u>
	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) England

13. NAME John Madigan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Eliz. Prusyn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Sister L. Dosithens (ADDRESS) 3522 Utan

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE May 30 1936

19. UNDERTAKER Thomas J. Dinan (ADDRESS) 1519 So. Grand Blvd

20. FILED MAY 28 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19 1936 to May 27 1936
I last saw h. alive on May 27 1936 Death is said to have occurred on the date stated above, at 6:25 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Hypertension
Other contributory causes of importance:
1. Prostatitis
2. Bronchitis

Name of operation none Date of.....
What test confirmed diagnosis? none 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) Henry P. Hassett M. D.
(Address) 607 N. Grand B.P.

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.

W. C. C. - 16. 1. 1. - 11. 11. 11.
2. 1. 1.