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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937

Township ..... Primary Registration District No. .....

City St. Louis (No. 3733 Washington Blvd. 2 St. ..... Ward)

File No. 4318

Registered No. 1382

2. FULL NAME Leo E. Madden

(a) Residence, No. ..... St., 19 Ward. 1

(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: Elisa Madden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15, 1879

7. AGE

YEARS	MONTHS	DAYS	I. LESS than 1 day, ... hrs. or ..... min.
57	4	14	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 196

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): Iowa 2

FATHER

13. NAME: Frank Madden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Elizabeth Gregg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

17. INFORMANT (ADDRESS): Mrs. Elisa Madden 3733 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary Cemt. DATE: 2-1 1937

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3840 Lindell Blvd.

20. FILED: JAN 31 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, to Jan. 29, 1937

I last saw him alive on Jan. 29, 1937 Death is said to have occurred on the date stated above, at 11 45p. m.

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

Carcinoma of Colon — Date of onset 1935?

Other contributory causes of importance: Metastases to liver.

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical 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) Leon Bromberg M. D.

(Address) 3720 Washington Blvd.

Dr Bramsley
3720 Washington Pky