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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27135

State File No. 6927

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6927

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pacific Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-day  
(Specify whether

In this community 60 Years  
years, months or days)

3. (a) PRINT FULL NAME Thomas P. Madden

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced. M.

6. (b) Name of husband or wife Catherine Madden 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased. Feb. 27th., 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>28</u>	.....hr. ....min.

9. Birthplace Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler Inspector (retired)  
Mo. Pacific R.R.

11. Industry or business.....

MOTHER FATHER { 12. Name Patrick Madden

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Welch

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Madden  
(b) Address 6957 Clayton Rd.

17. (a) Burial (b) Date thereof 8-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Nonnelly  
(b) Address 3840 Linden Blvd.

19. (a) AUG 23 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 6957 Clayton Rd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25  
year 1941 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from August 24, 1941, to August 25, 1941;  
that I last saw him alive on August 25, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation 5 days  
Hypertensive Heart Disease 10 years

Other conditions [Handwritten]  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations [Handwritten]

Of autopsy [Handwritten]

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? [Handwritten] (Specify type of place)  
(e) Means of injury.....

23. Signature Charles C. Discep. (M. D. counter) 0  
Address Mo. Pacific Hospital Date signed 8/27/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Stanley Marshall*

Licensed Embalmer No.....

*2868*

P. O. Address.....

*3840 Linell*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**