

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **1852**

**FILED MAR 10 1943**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis,**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **City Hospital #1.**  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(d) Street No. **3009 N. 20th. Street**  
(e) Citizen of foreign country? \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **February** day **22**  
year **1943** hour **9** minute **00** **A.M.**  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **Nora A. Roessler**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **1874** years

7. Birth date of deceased. **November 10** (Month) **1874** (Day) (Year)

8. AGE: Years **68** Months **3** Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Michael McFadden**

12. Name **Michael McFadden** 13. Birthplace **Ireland** (State or foreign country)

14. Maiden name **Bridget Devanny** 15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Irene Gibson** (b) Address **2519 Warren Street**

17. (a) **Burial** (b) Date thereof **Feb. 25, 1943** (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **General Funeral Home Inc.** (b) Address **2233 University St.**

19. (a) **FEB 24 1943** (b) **J. F. Brodeur** (Date received local registrar) (Registrar's signature)

Duration \_\_\_\_\_  
Immediate cause of death **Chronic Myocarditis**  
**Chronic Interstitial Nephritis**  
**Chronic Hypertension**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **W. J. Kerney** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **3/27/43**

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

844

**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

*Edward J. Bookhorst*

Licensed Embalmer No.

*2502*

P. O. Address

*Clayton MO*

**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.**