V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19051

State File No. 1

Registration District No. 1317 — Primary Registration District No. 6076 — Registrar's No. 1297

JUN 7 1943

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mother Of Good Council Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No. 6825 Natural Bridge
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MARGARET MARY MADDEN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 22 (Day) 1865 (Year)

8. AGE: Years 78 | Months 2 | Days 6 | If less than one day ..... hr. ..... min.

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

10. Usual occupation House work

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant Joseph Dwyer
(b) Address 2331 Mullanphy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- 31- 43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor Ave.

19. (a) JUN 3 1943 (Date received local registrar) (b) C. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May-28th at 2:20-P.M
year 1943. hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1937-Jan-3 to 1943, to 5/27/ 1943 that I last saw her alive on May-27th- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized-Arterio sclerosis- Chro-Hypertension. Cerebral apoplexy left.

Due to Hemiplegia rt. Myo-carditis Decompensation.

Due to Died at the home of the incurables.

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings: Of operations Illness

Of autopsy As above.

Duration

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) as stated

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) .....

Address 3718 Jennings, Ra Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.