S. No. 2
M—5-42
v. 5-17-39
I X32873

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

FILED DEC 12 1945

State File No. 35601

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10536

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:
St. John Hospital
(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 Mo. (b) County St. Louis

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

(d) Street No. 7101 Natural Bridge Road
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur William Madden.

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex Male

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 Oct. 31, 1930.
(Month) (Day) (Year)

8. AGE: Years 15 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Seminarian

11. Industry or business

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

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

16. (a) Informant Mrs. Frances Madden
(b) Address Mt. Washington, Ohio

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 5/45.
(Month) (Day) (Year)
(c) Place: burial or cremation Cincinnati, Ohio.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) DEC 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1945 hour 4.15 minute P.m. M.

21. I hereby certify that I attended the deceased from November 12th, 1945, to December 3rd, 1945; that I last saw him alive on December 3rd, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Leucopenic Lymphoid Leukemia	3 weeks
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Very large Spleen and liver	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Augustus P. Munsch (M. D. or other)
Address 306 Humboldt Bldg. Date signed December 4th 1945

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.P.Munshh
Humboldt. Bldg.,
JE. 3350.

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.