

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE VITALS  
**FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH**

14331

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 798

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
9237-Arline Avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 5-Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis 96  
 (c) City or town Overland 13  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 9237-Arline Avenue /  
(If rural, give location)  
 (e) Citizen of foreign country? No 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Roland G. McFaden  
 3. (b) If veteran, name war None 3. (c) Social Security No. 510-07-529  
 4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M /  
 6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased Feb. 25 1873  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 4  
 year 1946 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from MARCH 11, 1946, to April 4, 1946.  
 that I last saw him alive on April 4, 1946.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Colon impaction  
 Duration 6 hrs.

**8. AGE:** Years Months Days If less than one day  
73 1 10 hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 93d

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

10. Usual occupation re-tired Salesman

11. Industry or business Sinclair Oil Corp.

12. Name Marshall Ney McFaden

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

14. Maiden name Mildred S. Garrett

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

16. (a) Informant Lillian McFaden

(b) Address 9237-Arline Ave-Overland, Mo.

17. (a) Burial (b) Date thereof 4-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director William B. ...

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 4-6-46 (b) W. H. ...  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. ... (M. D. or other) M.D.

Address 1124 H. ... Date signed 4/5-46

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

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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 Harold K. Braun

Licensed Embalmer No. 4337

P. O. Address Overland

**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.**