

FILED MAY 17 1946 **STANDARD CERTIFICATE OF DEATH**
Registration District No. **318** Primary Registration District No. **1003**

State File No. **18671**
Registrar's No. **4267**

1. PLACE OF DEATH:

(a) County **St. Louis Mo**
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4933 Holly Hills Ave
(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)

3. (a) PRINT FULL NAME **Julia A Mc Fadden**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John D** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Sept 7 1860**
(Month) (Day) (Year)

8. AGE: Years **85** Months **8** Days **3** If less than one day hr. min.

9. Birthplace **Edwardsville Ill**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housework**

11. Industry or business **at Home**

12. Name **Martin Mc Corkell**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Reddy**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul J Mc Fadden**
(b) Address **4933 Holly Hills Ave**
17. (a) **Burial** (b) Date thereof **5 13 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Kriegshauser**
(b) Address **4228 So. Kingshighway**
19. (a) (b) **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4933 Holly Hills**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1946** hour **3.30 AM** minute..... M.

21. I hereby certify that I attended the deceased from **May 4 - 10**
19 **46** to **May 10 - 1946**
that I last saw **her** alive on **May 10 - 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Bronch. Pneumonia** Duration **10 day**
Due to **Cardio. Vascular** **54 hr.**
Due to **Extensive Emphysema**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **AS**
Of autopsy **10**
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) Means of injury **Dr. W. J. Rasmussen**
23. Signature **J. F. Brodeur** (M. D. or other)
Address **4240 N. Pine St** Date signed **5-10-46**

4390 West Pine

Je 1340

12-3

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

Edwin D Mc Dermott

Licensed Embalmer No. *3024*

P. O. Address.....

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.