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FILED SEP 20 1948 318

Primary Registration District No. 100

Registrar's No. 7962

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4427 Beck Ave. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4427 Beck Ave.
15 (If rural, give location)

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

3: (a) PRINT FULL NAME MARGARET MADDEN

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Patrick J. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 12 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Frank Keller

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

14. Maiden name Margaret Sthielner

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

16. (a) Informant Patrick J. Madden

(b) Address 4427 Beck Ave.

17. (a) Burial (b) Date thereof 9 13 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) SEP 10 1948 (b) J. F. Breach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 9 year 1948 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 15, 1947 to Sept. 9 1948

that I last saw her alive on Sept. 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hypertension, generalized arteriosclerosis

Other conditions 94a

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thomas A. Coates, M.D. (M. D. or other) _____

Address 4922 Nampton Date signed 9/10/48

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.