

Registration District No. **31948**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Normandy Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **7802 Natural Bridge Rd. /**  
(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 **Catherina T. Madden**

3. (b) If veteran, name war \_\_\_\_\_ 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 **Thomas A. Madden** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **October 11 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**54 11 17** hr. \_\_\_\_\_ min.

9. Birthplace **Kirkwood Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **James Kelly**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Cathern Burns**  
15. Birthplace **St. Louis Co., Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas A. Madden**  
(b) Address **7802 Natural Bridge Rd.**

17. (a) **Burial** (b) Date thereof **10-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Peters (Kirkwood)**

18. (a) Signature of funeral director **M. J. Croghan**  
(b) Address **7145 Manchester Ave**

19. (a) **9-30-48** (b) **Carl A. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Normandy**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7802 Natural Bridge**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **8** 28  
year **1948** hour **10** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Jan 20**, 19**48**, to **Sept 28**, 19**48**,  
that I last saw her alive on **Sept 26**, 19**48**  
and that death occurred on the date and hour stated above.  
Duration \_\_\_\_\_

Immediate cause of death **Carcinoma (inoperable) of sigmoid with general metastases**

Due to \_\_\_\_\_  
Due to **46 d**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **Of operations 9-20-48**  
**Colorectal carcinoma**  
Of autopsy: \_\_\_\_\_  
Underline the cause of 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 **Carl A. [Signature]** (M. D. or other) \_\_\_\_\_  
Address **634 N. [Address]** Date signed **9/30/48**

WRITE PLAINLY—USING UNFAADING 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.....

*J. Allen Davis, Jr*

Licensed Embalmer No.....

*4053*

P. O. Address.....

*H. Davis, Mo.*

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.