

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25651

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>6076</u>	Registrar's No. <u>1777</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellisville</u>	c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grover</u> <u>4000</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunset Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arthur</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Madden</u>
4. DATE OF DEATH		(Month) (Day) (Year) <u>July 21, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 9, 1871</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Keokuk, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Frank Madden</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gregg</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie T. Madden</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur R. Madden</u> <u>Marina, Illinois</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES DUE TO (b) <u>Senile Dementia</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic heart disease</u> <u>coronary sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>1/200</u>  <u>years</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>7-7-50</u> to <u>7-21-50</u> , that I last saw the deceased alive on <u>7-21-50</u> , 19 <u>50</u> , and that death occurred at <u>6:00 P.M.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Hollis R. Rhineberger</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>654 N. Kirkwood Rd., Kirkwood 22, Mo.</u>
23c. DATE SIGNED <u>7-22-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hittelberg FUNERAL HOME</u> <u>73 W. Lockwood Ave. WEBSTER GROVES, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-24-50</u>		REGISTRAR'S SIGNATURE <u>H. W. Womack</u>		

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

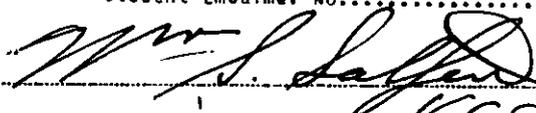
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No. ....

Signed



Signed.....

Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.