

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20930**

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5276</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST Louis Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST Louis-Mo.</b>		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4140 Chippewa St</b>				d. STREET ADDRESS (If rural, give location) <b>22 1711 Papin</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roosvelt</b>		b. (Middle) _____		c. (Last) <b>Madden</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 10 54</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11-22-1901</b>	
9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>7</b>		IF UNDER 11 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Keight Wilson</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Martin Ark.</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>A Fery-Madden</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Blandie Madden</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Blandie Madden</b> ADDRESS <b>1711 Papin</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN DEATH AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>3° burn of entire body, following explosion and fire at Wilson's Chemical Co. 4140 Chippewa St. June 10th, 1954, around</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>109 pus, when material being used in pelletizing machine exploded</b>				DUE TO (c) <b>Accident</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPOST? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>machine exploded</b>				20. AUTOPOST? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <b>Factory</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 10 54 1p</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>ced E9163</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2106</b> km., from the causes and on the date stated above. <b>40</b>							
22. SIGNATURE <b>Patrick Taylor Cooney</b> (Degree or title)				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>6/14/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>JUN 14 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK Dale cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>ST Louis MO</b>	
DATE REC'D BY LOCAL REG. <b>JUN 14 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Whitten &amp; Smith</b>		ADDRESS <b>4374 Washington</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Not embalmed*  
*John E. Whitten - Jernal Dick*

Licensed Embalmer No. ....

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.