

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35680

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9604**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION 3335a Itaska Str.		STREET ADDRESS (If rural, give location) 15 3335a Itaska Str.	

3. NAME OF DECEASED (Type or Print) a. (First) LYMAN b. (Middle) A. c. (Last) MADIGAN			4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29, 1902	9. AGE (In years last birthday) 52	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) Asst Business Mgr		10b. KIND OF BUSINESS OR INDUSTRY State Hospital	11. BIRTHPLACE (City and State or Foreign Country) Arcadia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Madigan	13b. MOTHER'S MAIDEN NAME Hattie Austin	14. NAME OF HUSBAND OR WIFE Mayme J. Madigan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mayme J. Madigan-3335a Itaska Str.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		7 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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? 4201

22. I hereby certify that I attended the deceased from **11-22-** 19 **47**, to **10-22-** 19 **54**, that I last saw the deceased alive on **10-22**, 19 **54**, and that death occurred at **7:15A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS 607 N. Grand Blvd.	23c. DATE SIGNED 10-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-25-54	24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		

DATE REC'D BY LOCAL REG. OCT 22 1954	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Stinson*.....

Licensed Embalmer No. *400*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.