

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31185  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8338**

**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 township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No   
d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute City Hospital** e. STREET ADDRESS (If rural, give location) **14 5450 Sutherland Ave. 21490**

**3. NAME OF DECEASED** (Type or Print) **JOSEPH** a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) **McFADDEN** **4. DATE OF DEATH** (Month) (Day) (Year) **Sep. 20 1955**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married** **8. DATE OF BIRTH** **March 6, 1884** **9. AGE** (In years last birthday) **71** 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) **Reg Worker - Abbeuser Busch Inc.** **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (City and State or Foreign Country) **Lancaster, - Ohio** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **James McFadden** **13b. MOTHER'S MAIDEN NAME** **Ellen Monahan** **14. NAME OF HUSBAND OR WIFE** **Docia Ann McFadden**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give year or date of service) **None** **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **Docia Ann McFadden** **ADDRESS** **5450 Sutherland**

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Coronary Occlusion**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
b. ANTECEDENT CAUSES **Coronary Sclerosis**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
**11. 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** **420.1** **20. AUTOPT?** YES  NO

**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**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**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 **537 P. m.**, from the causes and on the date stated above.

**23a. SIGNATURE** **Patrick Taylor Corcoran** (In gross or title) **23b. ADDRESS** **1300 Clark** **23c. DATE SIGNED** **9. 22. 55**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Entombment** **24b. DATE** **Sep. 23, 1955** **24c. NAME OF CEMETERY OR CREMATORY** **Mt. Hope Mausoleum** **24d. LOCATION** (City, town, or county) **St. Louis Co. Mo.** (State) \_\_\_\_\_

**DATE REC'D BY LOCAL REG.** **SEP 22 1955** **REGISTRAR'S SIGNATURE** **Frank Smith MD** **25. FUNERAL DIRECTOR'S SIGNATURE.** **Kriegshauser** **ADDRESS** **4228 S. Kingshighway Bl.**

(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..... *William B. White* .....

Licensed Embalmer No. *428*

P. O. Address *4228th Ave*

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.