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FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016128

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3539**

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves 46170
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 425 Maple Ave.
3. NAME OF DECEASED (Type or print) First Frank Middle Wm. Last McFadden		4. DATE OF DEATH Month Mar. Day 27 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1880
9. AGE (In years less birthday) 77		10. FUNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (City and state or country) Linn County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Moore McFadden	
13b. MOTHER'S MAIDEN NAME Mabel Chilton		14. NAME OF HUSBAND OR WIFE Eugenia Currie McFadden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-14-6636	17. INFORMANT Eugenia C. McFadden Address Webster Groves, Mo. 425 Maple Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gastro intestinal hemorrhage due to ulcer, (gastric) on greater curvature, recent perforation of sigmoid colon, (sutured at laparotomy) DUE TO (b) Carcinoma of gall bladder with metastases to liver, lymph nodes and bone DUE TO (c) metastases PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Operation-3-26-58 Perforation of sigmoid-sutured; Ca of G.B. with			INTERVAL BETWEEN ONSET AND DEATH 2 days
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE 155-1
21. I attended the deceased from Dec. 1957 to 3-27-58 and last saw her/him alive on 3-27-58 Death occurred at 7:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dorothy Watts Karvinsky, Jr. M.D.		22b. ADDRESS 1325 So. Grand Blvd.	22c. DATE SIGNED 3-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-31-58	23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery	23d. LOCATION (City, town, or county) (State) Hopewell, Missouri
24. FUNERAL DIRECTOR ADDRESS Mittelberg Funeral Home, Web. Gro., Mo.		25. DATE RECD. BY LOCAL REG. Mar. 28, 1958	26. REGISTRAR'S SIGNATURE Carl Smith MD m & B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. W. Bunker*

Licensed Embalmer No. *3653*

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.