

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017621

FILED VS APR 22 1960 317

Primary Registration District No. 541 Registrar's No. 1145

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST LOUIS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Length of stay in 3b 2 WKS	c. CITY OR TOWN WOODSON TERRACE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9415 EDMUND DR. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle L. Last Madden			4. DATE OF DEATH Month 4 Day 5 Year '60			
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 5-6-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY RETAIL		11. BIRTHPLACE (City and state or country) ST LOUIS, MO		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME DANIEL MADDEN		13b. MOTHER'S MAIDEN NAME MARY Du BOIS		14. NAME OF HUSBAND OR WIFE EVA MADDEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 498-10-7458		17. INFORMANT EVA MADDEN 9415 EDMUND DR.		

18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 9/27/59
IMMEDIATE CAUSE (a) lung Abscess		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adeno carcinoma of lung + metastases DUE TO (c) arteriosclerotic heart disease		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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

21. I attended the deceased from 3-21-60 to 3-29-60 and last saw him alive on 3-29-60 Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]	22b. ADDRESS 6015 Brentwood Clayton, 5, Mo	22c. DATE SIGNED 4/6/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-8-1960	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PK.	23d. LOCATION (City, town, or county) (State) ST LOUIS Co., Mo.
24. FUNERAL DIRECTOR ORTMANN F. HOME OVERLAND		25. DATE RECD. BY LOCAL REG. 4-6-60	26. REGISTRAR'S SIGNATURE John C. Murphy

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1967 2 2 107 SA

STATEMENT BY LICENSED EMBALMER

MAY 10 1980

0981 32

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C. Ostmann

Licensed Embalmer No. 3478

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.