

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044584

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10924**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1	
2	224
3	
4	0
5	1
6	
7	0
8	2
9	
10	
11	
12	90-0
13	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

11/27/62  
11/27/62

Sunset Burial Park Cemetery  
St. Louis Co. Mo.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

23c Walnut Hill Cemetery  
23d Belleville, Illinois

<b>FILED NOV 19 1962</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, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b		c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2810 MAGNOLIA AVE</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2810 MAGNOLIA AVE</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EDWARD S. MADIGAN</b>			4. DATE OF DEATH Month Day Year <b>NOV 12 1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 25 1895</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED PRINTING PRESSMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>		13a. FATHER'S NAME <b>JOHN MADIGAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY CODY</b>	
14. NAME OF HUSBAND OR WIFE <b>ELEANORA MADIGAN</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.	
17. INFORMANT <b>ELEANORA MADIGAN 2810 MAGNOLIA</b>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary embolism</b> DUE TO (b) <b>Myocardial infarction</b> DUE TO (c) <b>Arterio sclerosis - 420.1</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>18 mos.</b> <b>2 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Emphysema</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		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 <b>June 10 1960</b> to <b>Sept. 12 62</b> and last saw her/him alive on <b>Sept 12 -62</b> Death occurred at <b>730 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Dr. Enclosure MD</b>		22b. ADDRESS <b>7767 Leavis Dr. No 18 Mo</b>		22c. DATE SIGNED <b>11-12-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>NOV. 15 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		23e. ADDRESS <b>SUNSET BURIAL PARK</b>		23f. ADDRESS <b>ST. LOUIS MO.</b>	
24. FUNERAL DIRECTOR <b>Thomas Kutia 2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 13 1962</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>	

STATE OF MICHIGAN

*As Embalmer to be Examined  
He will receive*

**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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grand

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.