S. No. 2
—11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23542

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5987

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day (Specify whether years, months or days)

In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 7358 Stanford Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James J. McFadden 213

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary McFadden

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Unk. Unk. 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Contractor- Brick

11. Industry or business

MOTHER FATHER

12. Name Michael McFadden

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Bridget Dweny

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary McFadden

(b) Address 7358 Stanford Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 17 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/16 day 1940 year hour 2:00 P.M. minute M.

21. I hereby certify that I attended the deceased from 7/14/40, 19, to 7/16, 1940 that I last saw him alive on 7/16/40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Astrom ulcer loss 7 — Duration

Due to

Due to

Other conditions Chr. myocarditis & Chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy clear

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. J. Signorelli (M. D. or other)

Address 1829 Ave Date signed 7/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blv

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 this body is not embalmed, above space should be left blank.