

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 2193

FILED MAR 18 1946 318

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4125 Lindell Blvd.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4125 Lindell Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael J. Addis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Ellen Addis 6. (c) Age of husband or wife if alive. 75 years

7. Birth date of deceased July 10 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/28/46 to 3/4/46 that I last saw him alive on 3/4/46 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75	7	24	hr. min.
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Immediate cause of death. Acute heart failure - Senility

Due to Chronic Myocarditis

Other conditions. Aspl.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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

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

10. Usual occupation Retired Rail Road

11. Industry or business Accountant

MOTHER FATHER { 12. Name John Addis

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

14. Maiden name Catherine McGrath

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

16. (a) Informant Ellen Addis
(b) Address 4125 Lindell Blvd.

17. (a) Burial (b) Date thereof 3-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAR 6 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Warren Manton (M. D. or other) _____
Address 607-n Grand Date signed 3/5/46

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 W. Hammett

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.