

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16-1  
28493  
7388

FILED SEP 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mo.</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2209</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1814 No. Leffingwell Ave</b>		d. STREET ADDRESS (If rural, give location) <b>1814 No. Leffingwell Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>M.</b> c. (Last) <b>McFadden</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 18, 1951</b>	
5. SEX <b>M.O</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 28, 1913</b>
9. AGE (in years last birthday) <b>38</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mangelsdorf Feed Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Michael McFadden</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Lucas</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War # 2</b>		16. SOCIAL SECURITY # <b>489-09-8875</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Catherine McFadden</b>		ADDRESS <b>1814 No. Leffingwell</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Fr of skull: Laceration of brain; suffered when struck by car operated by one Ray F. ... at intersection of Spring and Natural Bridge Ave. about 12:40 am Aug 18 1951</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>accident 000</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 18 5 12:40</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>E 8 24</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:40 AM</b> from the causes and on the date stated above. <b>25</b>			
23a. SIGNATURE <b>Patrick Taylor Coron</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>8.23.51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 21, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calyary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-20-51</b>		REGISTRAR'S SIGNATURE <b>G. Carl Smith M.D.</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Arthur Donnelly</b>		ADDRESS <b>3840 Lindell Blvd</b>	

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

6882

SEP 4 1951

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed [Signature]

Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, Mo

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.