WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31102

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. De Paul Hospital St. ..... Ward)

File No. .....

Registered No. 7789

2. FULL NAME George Anthony Madison

(a) Residence, No. 4957 Terry Ave. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Marie Madison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1864

7. AGE — YEARS: 69 — MONTHS: 1 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St.L. Fire Prevention Bureau

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT (ADDRESS) Ray Marie Madison 4957 Terry Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine Cem. DATE Sept. 11, 1933

19. UNDERTAKER (ADDRESS) Drehmann Harral 1905 Union Blvd.

20. FILED [illegible] 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 18th, 1932, to Sept 8th, 1933

I last saw him alive on Sept 7th, 1933 Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
94 Angina Pectoris	6/1/32
93 Sclerotic Myocarditis	
97 Other contributory causes of importance: Arteria - Sclerosis	6/1/32

Name of operation none Date of .....

What test confirmed diagnosis Electrocardiogram was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) J F Gallagher, M. D.

(Address) Wall Bldg 3903 Olive

3903 Olive
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