

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

Do not use this space.

34717

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 22
City St. Louis Mo (No.) Ward.....

File No.
Registered No. 8879
St. Ward)

2. FULL NAME

Madson Sculark
(a) Residence, No. 2035 Biddle St. 21 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 <u>Male</u>	4. COLOR OR RACE <u>Cal</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1891</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Lake County Mo.</u>		
FATHER	13. NAME <u>Madson Sculark</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hoan Miss</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Banks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hoan Miss</u>	
17. INFORMANT <u>Better Lassere</u> (ADDRESS) <u>2035 Biddle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Faith Nelson</u> DATE <u>Oct 14</u> 19 <u>33</u>		
19. UNDERTAKER <u>J. J. Jamies</u> (ADDRESS) <u>2134 Shurtine</u>		
20. FILED <u>15 1933</u> <u>J. H. Biddle</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:45 m.
The principal cause of death and related causes of importance were as follows:

108 Chronic Myocarditis
930
nober Pneumonia
Both Lungs
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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?
If so, specify.....
(Signed) J. J. Jamies M. D.
(Address) Deputy Coroner

10/13/33

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.

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