

REC'D MAR 13 1939

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

4408
 Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 or
 (c) City St. Louis (d) Street No. 2614 Benton St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. moa. ds.

791
 1003

Registered No. **1101****2. PRINT FULL NAME** Alice A. Maddock

(a) Residence, No. 2614 Benton St. St. 20
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emanuel Maddock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7th, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 11 24

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

9. Industry or business in which work was done, as 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) Missouri

13. NAME Mitt Anderson

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

15. MAIDEN NAME Margaret Keith

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

17. INFORMANT (ADDRESS) Sten S Maddock
2614 Benton St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lake Charles Cem. Feb. 4th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Haral
1905 Union Blvd.

20. FILED FEB - 3 1939 J. D. Bricker
 Local Registrar

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1937, to Feb, 1939

I last saw him alive on Feb 1/39, 19..... Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Cerebral phlebotomy
hemorrhage
Diabetes } Date of onset
 1937
 1937
 1939

Other contributory causes of importance:
Myocarditis - chronic

Name of operation none Date of
 What test confirmed diagnosis? Phy. ex. Was there an autopsy?

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. S. Brown, M. D.
 (Address) 490 3 P. elman ave

Roseville Hotel - 12-2

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 R M Sanford
Licensed Embalmer No. 2273
P. O. Address St Louis

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.