

27 1939

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23177

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1142

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 14 days
years, months or days)

3. (a) PRINT FULL NAME George Madison

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mattie Madison 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased November 29th, 1897
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Centaur Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W. P. A.

MOTHER FATHER { 12. Name Overton James Madison

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

14. Maiden name Mary Anderson

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

16. (a) Informant's own signature Mattie Madison

(b) Address 2161a Benjamin St.

17. (a) Burial (b) Date thereof June 28, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Galt

(b) Address 4107-09 Finney Avenue

19. (a) JUN 27 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4253 Kennerly Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1939 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on 1.30PM, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Congestion of the lungs
Coronary sclerosis

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 John D. Knull (M. D. or other)
Address 10300 Lackland Road Date signed _____

Coroner of St. Louis County, Mo.

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

JUL 29 1947

STATEMENT BY LICENSED EMBALMER

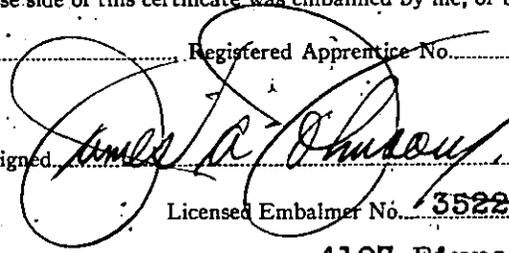
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.