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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40629

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10100

1. PLACE OF DEATH:

(a) County /

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community unk.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4333a Evans Ave. //
(If rural, give location)

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

3. (a) PRINT FULL NAME Ruth Maddox

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elijah Maddox

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January (Month) 25th (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	10	20	hr. min.

9. Birthplace Melrose Texas /
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business /

FATHER
12. Name George W. Griffith /
13. Birthplace La Mar County Texas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Simmons
15. Birthplace Newton Texas
(City, town, or county) (State or foreign country)

16. (a) Informant James Griffith
(b) Address 3900 West Belle Pl.

17. (a) Burial (b) Date thereof 12-19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas Gates
(b) Address 4107 Finney Ave.

19. (a) DEC 18 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th.
year 1940 hour 12:30 minute p. M.

21. I hereby certify that I attended the deceased from November 4th, 1940, to December 15, 1940
that I last saw her alive on December 15th., 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Carcinoma of rectum	
Due to	
Due to Fibroid tumor	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 822a N. Jefferson Ave. Date signed 12-16-1940

(Licensed Embalmer's Statement on Reverse Side)

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, Registered Apprentice No. _____ working under my personal supervision.

Signed James A. Johnson

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.