

Registration District No. 194191

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis 11 D (D)
(If outside city or town limits, write "RURAL")

(d) Street No. 4563a Aldine 19
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____ 0

3. (a) PRINT FULL NAME Madison, Emma Bibbs

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col.

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

6. (b) Name of husband or wife Edward Madison

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

7. Birth date of deceased Sept. 20 1863
(Month) (Day) (Year)

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

78 8

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Bibbs

13. Birthplace Virginia
(State or foreign country)

14. Maiden name Sarah

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

16. (a) Informant Lawrence Madison

(b) Address 4563a Aldine

17. (a) Burial (b) Date thereof Oct. 3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) OCT 1 1941 (b) J. J. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day 28th
year 1941 hour 9:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 9-24-41
to 9-28-41 1941;

that I last saw her alive on 9-28-41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broncho-pneumonia

Due to _____

Due to _____

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? _____

While at work _____ (Specify type of place)

(a) Means of injury _____

23. Signature Lawrence Madison (M. D. or other) M.D.

Address 1536 Papin St. Date signed 10-1-41

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

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address.....

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, fact should be so stated above.