

FILLED NOV 24 1941
791

Primary Registration District No. **1003**

Registrar's No. **7955**

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME CECELIA MADEKER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Madeker

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased About 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	60	Unknown		hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER {

12. Name John Jansen

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Madeker

(b) Address 2420 Lemp Ave.

17. (a) Burial (b) Date thereof Oct. 8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director J. H. Magdell

(b) OCT 6 1941 1926 Allen Ave.

19. (a) OCT 6 1941 (b) J. F. Biedsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2420 Lemp Ave. 7
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th
year 1941 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-26 1941, to 10-4 1941;

that I last saw her alive on 10-4 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 30 min

Due to Emboli from thrombosed left & right femoral vein

Due to.....

Other conditions Hypertension + rheumatoid
(Include pregnancy within 6 months of death) fever

Major findings: Of operations Repair of Cystocele and Cervical amputation

Of autopsy Pulmonary Embolism & thrombosed femoral vein

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) (e) Means of injury.....

23. Signature J. Dee Shuman (M. D. or other)
Address 2000 2nd Broadway Date signed 10-7-41

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.....

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.