

FILED APR 8 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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  
**4803 HAMMETT PLACE**  
(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 **ELIZABETH MADDOX**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color of race **W** 6. (e) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Thomas Maddox** 6. (c) Age of husband or wife if alive **Dead** years \_\_\_\_\_

7. Birth date of deceased **6-5-1899**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>82</b>	<b>9</b>	<b>15</b>	min.

9. Birthplace **W. VIRGINIA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **THOMAS CALLAN**

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

14. Maiden name **ELI A. MOONEY**

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

16. (a) Informant **JAMES MADDOX**

(b) Address **4803 HAMMETT PLACE**

17. (a) **BURIAL** (b) Date thereof **3-23-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **SULLIVAN BROS**

(b) Address **2849 NE EUGENIE AVE**

19. (a) **MAR 20 1942** (b) **J. J. Beckwith**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **600179**  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4803 HAMMETT PLACE**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **MARCH** day **20<sup>th</sup>**  
year **1942** hour **6** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Mar 15<sup>th</sup> 1942** to **Mar 20<sup>th</sup> 1942**  
that I last saw her alive on **March 15<sup>th</sup> 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **36 hours**

Due to **cardio renal condition** 194

Due to **108**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: **no operations**

Of autopsy **no**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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 **Joseph M. Trigg** (M. D. **✓**)  
Address **4603 Northland Plaza** Date signed **3-20-42**

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

Dr. Mayfield #5858  
Metropolitan Bldg  
Friday 1 - 3pm  
4903 Northland  
Jo 9570

**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 Albert Mayfield  
Licensed Embalmer No. 3077  
P. O. Address Lewis, Mo

**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.**