

Registration District No. **318**

Primary Registration District No. **1000**

Registrar's No. **919**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Providence Dead City Hosp #10
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **821 Chestnut St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John H. Maddock**

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

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month **Dec** day **25**
year **1942** hour **9** minute **00** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 1884**
(Month) (Day) (Year)

Immediate cause of death: **Chronic Interstitial Nephritis**
Acute Hemorrhagic Infarction
Due to _____
Due to _____

8. AGE: Years **59** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **watchman**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **James J. Fitzgibbon**
(b) Address **1300 Clark**

17. (a) Anatomical **1-8-43**
(b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director **W. Rustin**
(b) Address **3500 Rutger St.**

19. (a) **JAN 29 1943** (b) **J. Bredeck**
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____
Of autopsy _____

Duration _____
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 **Alfred Perry** (M. D. or other) _____
Address _____ Date signed **1/8/43**

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

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.....

Licensed Embalmer No.....

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.