V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

8563

State File No.

Registration District No. FILED MAR 30 1943 18

Primary Registration District No. 1003

Registrar's No. 2629

**1. PLACE OF DEATH:**

(a) County ST Louis

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

(c) Name of hospital or institution: 5432 Hall ST 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 2 year years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17 9

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

(d) Street No. 5432 Hall ST. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0.

3. (a) PRINT FULL NAME Lila Madison

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 Single

6. (b) Name of husband or wife — — — —

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

7. Birth date of deceased June (Month) 28 (Day) 1896 (Year)

8. AGE: Years 46 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Sanantone (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Joe S. Madison
13. Birthplace Fredrick Town (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name Georgia Sullivan
15. Birthplace Sanantone (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Joe Madison Jr.

(b) Address 2924 Olive St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Delrio Texas.

18. (a) Signature of funeral director Ellis Fun. Home

(b) Address 2820 St Goddard St

19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 18 Th year 1943 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from March 5th, 1943 to March 17th, 1943 that I last saw her alive on March 17th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Due to Ch. myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death) 9 8

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 823 N. 16th St Date signed 3/18/43

(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 L. Boffman, Registered Apprentice No. 7M, working under my personal supervision.

Signed Lonnie Boffman

Licensed Embalmer No. 2946

P. O. Address St Louis 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.**