

ED APR 9 1943 18

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 3010

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Madison

(c) Name of hospital or institution:  
Found rear of 437 1/2 Fairfax Ave  
(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 Missouri (b) County Madison

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

(d) Street No. Madison (If rural, give location)

(e) Citizen of foreign country? not known (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Madison Colored Baby

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23  
year 1943 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race Black 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased abt Feb 12 1943  
(Month) (Day) (Year)

Immediate cause of death Asphyxiation at the hands of party or parties unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 168

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

abt 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation not known

11. Industry or business not known

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant James J. Buchanan

(b) Address 1300 Clark

17. Anatomical Body Date thereof 3-24-43  
(Serial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. H. ...

(b) Address 3500 ...

19. (a) MAR 30 1943 (b) J. F. Beech  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Homicide

(b) Date of occurrence Found - 2/23/43

(c) Where did injury occur? Madison (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? not known

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M.D. or other)  
Address Republ ... Date signed 3/16/43

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

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**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.**