

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No: 561  
223  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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

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:  
ST. LOUIS CITY 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 2 YEARS years, months or days

3. (a) PRINT FULL NAME Addie Medlin  
(b) If veteran, name war No  
(c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife James A. Medlin  
6. (c) Age of husband or wife if alive ✓ years  
Birth date of deceased MARCH - 21 - 1912  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 15 If less than one day hr. min.

9. Birthplace CROCKETT COUNTY TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business ✓

MOTHER FATHER  
12. Name Lemuel Humphrey  
13. Birthplace  Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Hart  
15. Birthplace  Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Burrows  
(b) Address 1274 Rutledge Lane

17. (a) Removed (b) Date thereof Jan 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Humboldt Tenn.

18. (a) Signature of funeral director Richards and Co.  
(b) Address New Madrid, Mo.

19. (a) JAN 9 1945 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1479 Rutledge Lane  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 6  
year 1945 hour 9 minute P. 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.

Immediate cause of death \_\_\_\_\_  
Myocardial Infarction

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

Due to \_\_\_\_\_  
601

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
- Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Date signed 1/9/45

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17  
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FEB 1 1945

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.....

*Paul A. Shanklin*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Paul A. Shanklin*

Licensed Embalmer No.

*3472*

P. O. Address

*49117 Washington*

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.