V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4555

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1656

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 15 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, 921
(If outside city or town limits, write "RURAL")

(d) Street No. 2820 Dickson
(If rural, give location)

(e) Citizen of foreign country? Mo 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mahalia Madison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race C

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Fred Madison

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

7. Birth date of deceased Nov. (Month) 15 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	3	0	hr. min.

9. Birthplace Farmington (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harry Ardon
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Peggy Ardon
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Melvien Evans
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Colored Masonic, Farmington, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.

19. (a) FEB 13 1945 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 15, year 1945 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from February 7, 1945, to February 15, 1945 that I last saw her alive on February 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	1 week
Cerebral Hemorrhage	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations

Of autopsy

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 B. F. Murphy (M. D. or other)

Address 601 Whittier Date signed 2/15/45

(Licensed Embalmer's Statement on Reverse Side)

1656

1656

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Gravois

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.