

FILED JAN 12 1946
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
3439a Magnolia Ave.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3439a Magnolia Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John J. Maddox
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Maddox
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 5, 1876

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 25th year 1945 hour 3 minute 55 AM
21. I hereby certify that I attended the deceased from 1934 to December 25, 1945
that I last saw him alive on December 25, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 8 Days 20
If less than one day hr. min.

Immediate cause of death
Acute pulmonary edema 2 hours
Due to cardiac failure 2 hours
Due to hypertensive heart disease 10 years
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Kentucky
10. Usual occupation Ass't Supt of Schools

11. Industry or business
12. Name John J. Maddox
13. Birthplace Kentucky
14. Maiden name Elizabeth Wilson
15. Birthplace Kentucky

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Means of injury?
Signature Burchard Street (M. D. or other) M.D.
Address 6006 Virginia Ave Date signed 12/26/45

16. (a) Informant Mrs. Mabel Maddox
(b) Address 3439a Magnolia Ave.
17. (a) Removal (b) Date thereof 12/27/45
(c) Place: burial or cremation Alexandria, Kentucky
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.
19. (a) DEC 26 1945 J. F. Predeck (Registrar's signature)

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

MOTHER FATHER

Handwritten signature/initials

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..... 3950

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.