

FILED MAR 27 1946
318
Registration District No.

Primary Registration District No. 1003

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:
2809 N. 9th. St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2809 N. 9th. St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Elzona Mae Maddock

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Daniel Maddock

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 1st. 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>10</u>	<u>13</u>	hr. _____ min.

9. Birthplace St. Clair Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Scaggs

13. Birthplace De Sota Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Ann Weidman

15. Birthplace De Sota Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Coleman

(b) Address 1423 St. Louis Ave.

17. (a) Burial Mt. Zion-St. Clair Mo.
(Burial, cremation, or removal) (b) Date thereof 3-18-46
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion-St. Clair Mo.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAR 16 1946
(Date received local registrar)

J. F. Brudeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 14th.
year 1946 hour 10:10 AM minute 10 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.

Immediate cause of death _____

Carcinoma of Esophagus

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations H&E

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?
While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Patricia E. Smith
(Name of physician or other)
Reg 20 Date signed 3/18/46

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

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10013

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 *John P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *2273 St. Louis*.....

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.