No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10444

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3051

0
17
9

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2727 a Stoddard St. 1
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2727 a Stoddard St. 9
(If rural, give location)

21

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

If yes, name country

3. (a) PRINT FULL NAME Lee Madison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 7 (Day) 1895 (Year)

8. AGE: Years 52 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Marshall (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business Scullin Steel Co.

FATHER
12. Name Sam Madison
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Lou ?
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Sam E. Adkins
(b) Address 27272a Stoddard St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) MAR 30 1948 (Date received local registrar) (b) J. F. Brevart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1948 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 20, 1948 to March 25, 1948.
that I last saw him alive on March 25, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia, bilateral.

Due to Type — not determined

Due to

Other conditions
(Include pregnancy within 3 months of death) 108

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Blair W. Carter (M. D. or other) M.D.

Address 7425 Biddle Date signed 3/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Fulton E Culkin

Licensed Embalmer No. 498

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.