No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10445

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2509

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2727 a Stoddard St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2727 a Stoddard St. (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Rebecca Madison
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Female 3
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lee Madison
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: May (Month) 17 (Day) 1896 (Year)
8. AGE: Years 51 Months 9 Days 21 If less than one day hr. min.
9. Birthplace: Marshall (City, town, or county) Texas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Powell
13. Birthplace: Greenwood (City, town, or county) La. (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Lee Madison
(b) Address: 2727 a Stoddard St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem.
18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St.
19. (a) MAR 13 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 11, 1947 to March 8, 1948 that I last saw h. alive on March 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uterine tumor
Due to: which caused Benign
Due to: profuse & prolonged hemorrhages
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Not operated
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

23. Signature: Blair W. Carter (M. D. or other) M.D.
Address: 2425 Biddle Date signed 3/9/48.

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. 4198

P. O. Address St Louis 13 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.