

S. No. 300
10-48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11467**
Registrar's No. **801**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. John	
d. FULL NAME OF HOSPITAL OR INSTITUTION #2 Ritenour avenue		d. STREET ADDRESS (If rural, give location) #2 Ritenour	

3. NAME OF DECEASED (Type or Print) a. (First) ANNE	b. (Middle) MARIE	c. (Last) MADISON	4. DATE OF DEATH (Month) (Day) (Year) 3-23-52
---	--------------------------	--------------------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 15, 1905	9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) Hecker, Ill.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Hecker	13b. MOTHER'S MAIDEN NAME Rose Gross	14. NAME OF HUSBAND OR WIFE Leonard Madison
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Leonard Madison	ADDRESS 2 Ritenour ave.
---	-------------------------------------	--	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Intestines		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cancer - Intestines of Intestines	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11 17**, 19**52**, to **3 23**, 19**52**, that I last saw the deceased alive on **3 23**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R. Benz (Degree or title) 0	23b. ADDRESS 3203 S Grand St. St. Louis	23c. DATE SIGNED 3-28-52
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3-26-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Waterloo, Illinois
--	--------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. 3-25-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Quernheim	ADDRESS Waterloo, Illinois
---	--	---	-----------------------------------

SW (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O. Yaluk

Licensed Embalmer No. 3917

P. O. Address Manassas

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.