

14546

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **3315**REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO.

FILED APR 25 1952

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6 yrs 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.					
3. NAME OF DECEASED (Type or Print) Daniel			a. (First)		b. (Middle)		c. (Last) Maddock.		
4. DATE OF DEATH		March 31		1952.					
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower 2		8. DATE OF BIRTH APRIL 23-1870			
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ODD JOBS.			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME John Maddock		13b. MOTHER'S MAIDEN NAME Margaret Kehoe		14. NAME OF HUSBAND OR WIFE (3) Arizona Mae Skaggs (1) Ann Miller, (2) Anna Sweeney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME City Inf. Records 5800 Arsenal St				
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syphilis Hypertension DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 023X					
22. I hereby certify that I attended the deceased from _____, 19____, to March 31, 19 52, that I last saw the deceased alive on March 31, 19 52, and that death occurred at 1:20 A.m., from the causes and on the date stated above.									
23a. SIGNATURE Palmer Duane Bowditch M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 3-31-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE APRIL-9-52		24c. NAME OF CEMETERY OR CREMATORY SALVARY		24d. LOCATION (City, town, or county) (State) ST LOUIS Mo			
DATE REC'D BY LOCAL REG. APR 8 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Buller-Kelly		ADDRESS 4386 Lindell			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James G. Summers*

Licensed Embalmer No. *4142*

P. O. Address *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.