

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32020

S. No. 300  
V. 10-48

State File No. \_\_\_\_\_  
Registrar's No. **8505**

**64806**  
**REDOCT** 1 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		<b>2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis Maternity</b>			d. STREET ADDRESS (If rural, give location) <b>4130 Fairfax Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <b>Madison</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 1 1952</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>August 30 1952</b>		9. AGE (In years last birthday) <b>1 6 55</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>none</b>	
13a. FATHER'S NAME <b>Norman Albert Madison</b>		13b. MOTHER'S MAIDEN NAME <b>Doris Meeks</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Norman &amp; Doris Meeks 4130 Fairfax Ave</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Anoxia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Eclampsia in mother</b> DUE TO (c) <b>Focal hemorrhages in lung</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>St. Louis St. Louis Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>7690 7:20</b>				
22. I hereby certify that I attended the deceased from <b>August 30, 1952, to Sept 1, 1952</b> that I last saw the deceased alive on <b>Sept 1, 1952</b> , and that death occurred at <b>7:20 Am.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>Maurice J. Lowmyer, M.D.</b>		23b. ADDRESS <b>#3 Ridgeway</b>		23c. DATE SIGNED <b>9-5-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>9-30-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>SEP 10 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland 4104 Manchester</b>			

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.