

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16249

State File No.

FILED APR 2 1954

2249

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
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b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
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d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital	e. STREET ADDRESS (If rural, give location) 14 5051a Miami St.
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3. NAME OF DECEASED (Type or Print)	a. (First) JACK	b. (Middle) E.	c. (Last) MADISON	4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11, 1921	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Spearfish, S. D. /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Unknown Madison	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lillian Madison
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lillian Madison	ADDRESS 5051a Miami St.
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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.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Digitoxin Poisoning, self administered, in front of house at 5051 Miami Street about 345 am Mar 9 1954.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suicide		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR SUICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 9 54 3:45 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9718
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22. I hereby certify that I attended the deceased from 10, 1954, to 10, 1954, that I last saw the deceased alive on 10, 1954, and that death occurred at 410A m., from the causes and on the date stated above.

23a. SIGNATURE Patrick C. Taylor	(Degree or title) Deceased	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3.10.54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	24b. DATE 3-11-54	24c. NAME OF CEMETERY OR CREMATORY Crookston, Minn.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. MAR 10 1954	REGISTRAR'S SIGNATURE J. Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Friegshauser	ADDRESS 4228 S. Kingshighway Bl.
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(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.....
Signature of Student Embalmer

Signed *Edwin M. G. Bennett*

Licensed Embalmer No.. *3021*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.