

No. 300
10.48

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

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9913**
2547
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9913		Registrar's No. 2547			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI							
b. CITY (If outside corporate limits, write RURAL and give township) 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 checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				f. STREET ADDRESS (If rural, give location) 4538 ARLINGTON AVE 20790							
3. NAME OF DECEASED (Type or Print) a. (First) ELMER			b. (Middle) C.			c. (Last) MADDUX			4. DATE OF DEATH (Month) (Day) (Year) MARCH 20, 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3/19/1895		9. AGE (In years last birthday) 60			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT				10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE NELLIE MADDUX					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WORLD WAR I, ARMY			16. SOCIAL SECURITY NO. 194-10-1142		17. INFORMANT'S SIGNATURE OR NAME NELLIE MADDUX				ADDRESS 4538 ARLINGTON 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 12 hrs Years	
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) St Louis		(COUNTY) M. St.		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X							
22. I hereby certify that I attended the deceased from Sept , 19 54 , to March 21 , 19 55 , that I last saw the deceased alive on March 21 , 19 55 , and that death occurred at 10:15 m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Bernard Hulbert, M.D.				23b. ADDRESS 462 N. Taylor				23c. DATE SIGNED 3/24/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/23/55		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) ST LOUIS MISSOURI		(State) _____			
DATE REC'D BY LOCAL REG. MAR 21 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL					ADDRESS 4600 NATURAL BRIDGE AVE	

S.O. (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.....
Signature of Student Embalmer

Signed.....
E. J. Remelino

Licensed Embalmer No. *428*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.