

S. No. 300
V. 10.48

FILED JUN 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21988**
Registrar's No. **5795**

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 ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN GRANITE CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 7 WKS		e. STREET ADDRESS (If rural, give location) 2318 STATE STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES			

3. NAME OF DECEASED (Type or Print)	a. (First) ESTELLE	b. (Middle) JUANITA	c. (Last) MADDIN	4. DATE OF DEATH (Month) (Day) (Year) 6 16 1956
-------------------------------------	---------------------------	----------------------------	-------------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC. 5, 1898	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months	# UNDER 2 HRS. Hours	# HRS. Min.
----------------------	-------------------------------	---	--------------------------------------	---	-----------------------	----------------------	-------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER	10b. KIND OF BUSINESS OR INDUSTRY PROCTOR GAMBLE	11. BIRTHPLACE (City and State or Foreign Country) DESOTO, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	--	--

13a. FATHER'S NAME JOSEPH MADDIN.	13b. MOTHER'S MAIDEN NAME ROSA LEE RINGER	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-01-5105	17. INFORMANT'S SIGNATURE OR NAME Isabelle Hopkins ADDRESS 2318 State
--	--	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with Mitral & Aortic Valves DUE TO (c) involved		
	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 410x	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)	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 **June 15, 1956**, to **June 16, 1956** that I last saw the deceased alive on **June 16, 1956** and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam F. Ream M.D.	23b. ADDRESS 35 W. Central - Clayton Mo	23c. DATE SIGNED 6/18/56
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-16-1956	24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS	24d. LOCATION (City, town, or county) (State) GRANITE CITY, ILLINOIS
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. JUN 19 1956	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer ADDRESS Granite City
---	--	--

(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 *Charles E. Merced*.....

Licensed Embalmer No. *298*.....

P. O. Address *Granite*.....

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.