

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19019**
4536

FILED MAY 27 1957

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 3109 Eads Avenue		e. STREET ADDRESS (If rural, give location) 2179 D 3109 Eads Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Nettie b. (Middle) c. (Last) Madine		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 22, 1884
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months Days	10. IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Elcart, Ind.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Fisher		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Thomas Madine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-28-3272	
17. INFORMANT'S SIGNATURE OR NAME Cecil Fox - Robertson, Mo.		ADDRESS	
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 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilation of heart INTERVAL BETWEEN ONSET AND DEATH Suddenly ANTECEDENT CAUSES DUE TO (b) Hypertension present 10-4-49 DUE TO (c) Myocarditis Chronic present 10-4-49 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x	
19a. DATE OF OPERATION Sept 1956		19b. MAJOR FINDINGS OF OPERATION Deputy coroner James Kelly consulted - permission to sign certificate for him; condition of patient reported by daughter	
20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Sign certificate for him		21b. PLACE OF INJURY (e.g., in or about home, from factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) from none		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 10-26-43 , to 5-11-57 , 19___, that I last saw the deceased alive on 9-14 , 19 56 , and that death occurred at 10:30P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John + Flynn Board		23b. ADDRESS 1715 So 39th	
23c. DATE SIGNED 5-13-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 14, 1957	
24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. MAY 13 57		REGISTRAR'S SIGNATURE J. Carl Smith MO	
25. FUNERAL DIRECTOR'S SIGNATURE WACKER-HELDERLE		ADDRESS - 3634 Gravois Ave.	

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.....

Frank J. Island
Licensed Embalmer No. *264*

P. O. Address *St. Louis, Mo.*

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.