

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 022711  
STATE FILE NUMBER

5807

FILED JUL 5 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>			c. CITY OR TOWN <b>E. St. Louis</b>		b. COUNTY <b>St. Clair</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			d. STREET ADDRESS <b>505 Alabama</b>		
3. NAME OF DECEASED (Type or print) First <b>MINNIE</b> Middle <b>NMN</b> Last <b>MADISON</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>16</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-25-1892</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and state or country) <b>Oshtulak, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Elmo Madison</b>			14. MOTHER'S MAIDEN NAME <b>Maggie Taylor</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Beulena Madison</b> Address <b>1605 Baker</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>BACTERIAL ENDOCARDITIS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Conditions of any kind gave rise to above cause of death. Stating underlying cause last.</i>					
19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b>12:10</b> Month <b>June</b> Day <b>15</b> Year <b>1957</b> a. m. <b>A.M.</b> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>JUNE 15, 1957</b> to <b>JUNE 16, 1957</b> and last saw her alive on <b>JUNE 16, 1957</b> Death occurred at <b>12:10 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>C. D. Vermillion, M.D.</b>			22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>6/20/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6-21-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>		23d. LOCATION (City, town, or county) (State) <b>E. St. Louis, Illinois</b>
24. FUNERAL DIRECTOR <b>C. S. Nash Funeral Homes</b> <b>M. S. S. S. S.</b>			25. DATE RECD. BY LOCAL REG. <b>JUN 21 57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b> <b>98.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service, 800-56, Director, County, etc. must give-very accurate information as to- no symptoms were listed. Cause of death due to natural causes. Coroner cannot certify to a death due to natural causes. Cause of death must be casually related.

STATE OF TEXAS  
DEPARTMENT OF HEALTH

**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 *M. Frances Na...*

Licensed Embalmer No. 4

P. O. Address 3847

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.