

XC 4291662 SL7973

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29739

STATE FILE NUMBER

FILED AUG 26 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7195

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		Length of stay in lb <b>10 days</b>	d. STREET ADDRESS (If outside, give location) <b>2723 Thomas</b>
3. NAME OF DECEASED (Type or print) <b>Howard Madkins</b>		4. DATE OF DEATH <b>7-28-57</b>	

5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-30-18</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Charleston, Mississippi</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Madkins</b>	14. MOTHER'S MAIDEN NAME <b>Fanny Louis</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>492324161</b>	17. INFORMANT <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</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>PNEUMONIA LOBAR, LEFT LOWER LOBE &amp; SUPERIOR SEGMENT RIGHT LOWER LOBE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNK.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>490X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>ACUTE PYELONEPHRITIS &amp; CYSTITIS</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>NONE</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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>7-18-57</b> to <b>7-28-57</b> and last saw <b>him</b> alive on <b>7-28-57</b> Death occurred at <b>7:05 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	22c. DATE SIGNED <b>7-29-57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
24. FUNERAL DIRECTOR <b>G. Wade Granberry 4202 Finney Ave.</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 2 57</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

300  
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATE OF

X

COUNTY OF

X

CITY OF

DECEASED

DATE OF DEATH

88

82

11-1-37

8

11-1-37

Signature of Student Embalmer

Signature of Licensed Embalmer

Signature of Licensed Embalmer

Signature of Licensed Embalmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Leroy U. Bonmeister*  
Signature of Licensed Embalmer

Licensed Embalmer No. 45

P. O. Address 4251 W. ...

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.