SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-007176
STATE FILE NUMBER

AMENDED ✓ FILED VS MAR 2 1961

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 474

DATE AMENDED 3/29/61

INSTEAD OF Lafayette Madison

SHOULD READ Lafayette Luther Madison

ITEM NO. 3

DOCUMENT BY AFFIDAVIT OF Informant

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSP.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY ST Louis
c. CITY OR TOWN Wellston
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 6330 Wagner
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: LAFAYETTE Middle: Luther Last: MADISON

4. DATE OF DEATH Month: 2 Day: 12 Year: 1961

5. SEX Male
6. COLOR OR RACE Negro
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-5-1886
9. AGE (last birthday) 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) uphosler
10b. KIND OF BUSINESS OR INDUSTRY ——————
11. BIRTHPLACE (City and state or country) Jackson Mississippi
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 Mrs. Caroline Madison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Caroline Madison Address 6330 Wagner

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple Pulmonary Emboli
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Venous Thrombosis (femoral)
DUE TO (c) Adenocarcinoma Pancreas
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Metastatic carcinoma liver

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-10-1961 to 12-12-1961 and last saw him alive on 12-12-1961
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert L. Howe (Degree or title) M.D.
22b. ADDRESS 601 S. Brentwood Blvd.
22c. DATE SIGNED 2/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-18-61
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MISSOURI

24. FUNERAL DIRECTOR E. B. Kearce ADDRESS 1221 North Grand
25. DATE REC'D. BY LOCAL REG. 2-15-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(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 Melvin Blackwood

Licensed Embalmer No. 3962

P. O. Address 1221 W. Grand

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.