

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012025

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 826

AMENDED FILED APR 10 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in 1b <u>1 Day</u>	c. CITY OR TOWN <u>Kirkwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>312 Mc Cullough</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Madison</u> Last <u>Madison</u>			4. DATE OF DEATH Month <u>3</u> Day <u>24</u> Year <u>61</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 17 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Kirkwood Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Levy Madison</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Bouyer</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Frazier</u>		Address <u>Manchester Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Margaret Frazier</u>		Address <u>Manchester Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia (R) Lower lobe</u> DUE TO (b) <u>Bilateral Pulmonary Edema</u> DUE TO (c) <u>Chronic Passive congestion - lungs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Adenocarcinoma of prostate - localized</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		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 <u>3-23-61</u> to <u>3-24-61</u> and last saw her/him alive on <u>3-24-61</u> Death occurred at <u>1:15</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Albert L. Howell M.D.</u> (Degree or title)		22b. ADDRESS <u>605 S. Brentwood Clayton 5 Mo.</u>	
22c. DATE SIGNED <u>3/24/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-28/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cem.</u>	23d. LOCATION (City, town, or county) <u>Crestwood Mo.</u>
24. FUNERAL DIRECTOR <u>John W. Hemphill</u> ADDRESS <u>408 S. Fillmore</u>		25. DATE RECD. BY LOCAL REG. <u>3-27-61</u>	
		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

**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 Leaffice E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4608 St. Ferdinand  
St. Louis 13, 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.