

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

9262

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *Bethesda Hosp*).....St. ....Ward)

File No.....

Registered No. *2195***2. FULL NAME** *Roy E. Maxwell*(a) Residence. No. *7445 Maple ave* St. *10* Ward. *Maplewood mo*

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS****3. SEX***Male***4. COLOR OR RACE***White***5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)***Infant***5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *Aug 11, 1924***7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*X**X**6.**18.***8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*Infant*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Maplewood Missouri***10. NAME OF FATHER** *Ross R. Maxwell***11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** *Ladelle Co. Ill.***12. MAIDEN NAME OF MOTHER** *Eva Farneman***13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** *Pittsburg Kansas***14.**

INFORMANT

(Address)

*Ross E. Maxwell**7445 Maple ave Maplewood mo***15.**

FILED

19

*May 8 Starckoff*

REGISTER

**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Mar. 2 1925*

**17.** I HEREBY CERTIFY, That I attended deceased from *Feb. 9th, 1925*, to *Mar 1st, 1925* that I last saw h. *Mar 1st, 1925* and that death occurred, on the date stated above, at *2 A.M.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:***Post Sarcularial Nephritis***CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS.....

*Mar 7 (Signed) *Carl Samdoff*, M. D. 1925 (Address) *1541 S. Grand**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

*Valhalla**3-3-1925***20. UNDERTAKER**

ADDRESS

*Edmund Shepard**5921/63rd ave*

