

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

Do not use this space.

✓ 16410

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo. (No. ....)

Registration District No. 791  
Primary Registration District No. 1003  
Sanitarium

File No. ....  
Registered No. 4929  
St. .... Ward)

**2. FULL NAME**

Harry Maxwell

(a) Residence. No. Unknown St. 13 Ward. ....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 25 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown (1892)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>About 38</u>	<u>+</u>			

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Tailor  
(b) General nature of industry, business, or establishment in which employed (or employer). Unknown  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN). St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN), St. Louis  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) .....

14. INFORMANT W.F. McNamee M.D.  
(Address) 5400 Arsenal St.

15. FILED: 21 1931 W.C. Harvey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8<sup>th</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from Mr. 134 1930 to April 8<sup>th</sup> 1931 that I last saw h. in alive on April 8<sup>th</sup> 1931, and that death occurred, on the date stated above, at 5:30 a. m.

83  
314  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General Paralysis of Insane (Syphilitic)

(duration) yrs. 4 mos. 22 ds. +  
CONTRIBUTORY Syphilis  
(SECONDARY) (duration) yrs. 4 mos. 24 ds. +

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF BIRTH.....

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

83  
93  
WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) William F. McNamee M. D.  
April 19 1931 (Address) 5400 Arsenal

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington DATE OF BURIAL 4/10 31

20. UNDERTAKER W. Richter ADDRESS 3500 Rutger

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

