

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

Do not use this space.

3236

**1. PLACE OF DEATH**

County..... Registration District No. 170  
Township..... Primary Registration District No. 170  
City St. Louis (No. 33) Elite City Hosp. 1 Ward 122

**2. FULL NAME**

(a) Residence, No. 6535 Manchester Ave 4 St. 4 Ward. (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ira Maxey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1863  
7. AGE YEARS 69 MONTHS MONTHS DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watch man  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. feed store  
10. Date deceased last worked at this occupation month and year Dec 30 '32 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Unknown Maxey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Esther Stuart (ADDRESS) 6914 South West Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Jan. 5, 1933

19. UNDERTAKER Prohan Und. Co Inc (ADDRESS) 7116 Manchester Ave.

20. FILED JAN - 3 1933 Walt C. Standiford Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1933  
22. I HEREBY CERTIFY That I attended deceased from No Physician in Attendance 1932 to 1933  
I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:20 a. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
93C  
Other contributory causes of importance:  
93C

23. Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No Injury  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) J. W. Leover M.D.  
Dep. Coroner  
1/4/33 (Address)

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.

