PN 5247
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 24500

Township ..... Primary Registration District No. 1003 Registered No. 5877

City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Ann Maxwell

(a) Residence, No. 3436a Utah St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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: Patrick Maxwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 3-1851

7. AGE: YEARS 82 MONTHS 3 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER
13. NAME: Patrick Rynn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS): Anna M. Maxwell 3436a Utah St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE July 5 1933

19. UNDERTAKER (ADDRESS): Peltz Bros 3029 Lafayette Ave

20. FILED ..... 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933, to July 3rd, 1933
I last saw her alive on July 2, 1933. Death is said to have occurred on the date stated above, at 12 50 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Intracapular fracture of hip followed by hypostatic pneumonia

Other contributory causes of importance:

Fracture of hip caused by a fall from chair in the home

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) 3900 Cleveland Av.

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.

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