

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

Do not use this space.

3100

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 155), Lafayette City Hosp. St. .... Ward)

File No. ....  
 Registered No. **758**

**2. FULL NAME**

Eva Maxson  
 (a) Residence, No. 2936 McPherson St., 17 Ward.  
 (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 T 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 - 1855

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, .....hrs. or .....min. |
|--------|-------|--------|------|--|
|        | 77    | 9      | 16   |  |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Berlin, Wisconsin (STATE OR COUNTRY)

13. NAME Chas Clarke

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

15. MAIDEN NAME Harnett Champlin

16. BIRTHPLACE (CITY OR TOWN) Boulevard, N.Y. (STATE OR COUNTRY)

17. INFORMANT Marie Wortman 2936 McPherson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Milton Junction, Wisconsin DATE 11 25 1934

19. UNDERTAKER W. H. Happe (ADDRESS) 428 1/2 S. 4th St. St. Louis

20. FILED JUN 21 1934 Bredar Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934, to Jan 18, 1934  
 I last saw her alive on Jan 18, 1934. Death is said to have occurred on the date stated above, at 2:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 92A  
97  
 Atherosclerosis 162  
 Other contributory causes of importance Similarity

Date of onset

Name of operation..... Date of.....  
 What test confirmed diagnosis? Urin Was there an autopsy? No

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? No  
 If so, specify.....  
 (Signed) J. Medeman, M. D.  
 (Address) City Hosp #1

WHITE PAPER, 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.

1934

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2  
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