

APR 9 1937

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**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Park Plaza Hotel**, St. Ward)

10238

File No.
Registered No. **2806**

2. FULL NAME **Nella Maxon Shoemaker**

(a) Residence, No. **Park Plaza Hotel** St. **12** 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 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 Dr. W. A. Shoemaker				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 5, 1860				
7. AGE 25	YEARS 76	MONTHS 4	DAYS 6	IF LESS than 1 day, hrs. or min.
OCCUPATION MOTHER FATHER	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home			
	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) (STATE OR COUNTRY) Nebraska City, nebraska				
13. NAME John H. Maxon				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York				
15. MAIDEN NAME Unknown				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia				
17. INFORMANT Dr. W. A. Shoemaker (ADDRESS) Park Plaza Hotel				
18. BURIAL, CREMATION, OR REINTERMENT PLACE Bellefontaine DATE March 13, 1937				
19. UNDERTAKER Wagoner Undertaking Co. (ADDRESS) 3621 Olive St.				
20. FILED MAR 12 1937 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 11, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **November, 1935, to March 11, 1937**

I last saw him alive on **March 10, 1937** Death is said to have occurred on the date stated above, at **5:30 A.M.**

The principal cause of death and related causes of importance were as follows:

**Myocardial failure
chronic myocarditis
with hypertension &
decompensation**
Date of onset **5-6y.**

Other contributory causes of importance:
chronic nephritis **2/1**
6-8y.

Name of operation..... Date of.....

What test confirmed diagnosis? **Cpm** 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) **Fred Krauer**, M. D.
(Address) **634 N. Grand**

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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Mr. K...
Mr. ...

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