

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

Do not use this space.

**APR 27 1937**

**1. PLACE OF DEATH**

County St. Louis  
Township Carondelet  
City St. Louis

Registration District No. 1123

Primary Registration District No. 6248 E

File No. 13575

Registered No. 135 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

WILLIAM T. MAXEY

(a) Residence, No. 3618 Marvin St. \_\_\_\_\_ Ward. OVERLAND, MO.

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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1905

7. AGE YEARS 32 MONTHS - DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) St. Louis MO

13. NAME Herbert Maxey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walker Station MO.

15. MAIDEN NAME Rose Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California MO

17. INFORMANT (ADDRESS) Herbert Maxey 3618 Marvin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Lee Cem. DATE 3-30-1937

19. UNDERTAKER (ADDRESS) Baumanny Bros Inc Overland MO.

20. FILED March 29, 1937 W. Maxey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/19 1936, to March 28 1937

I last saw him alive on 2-128, 1937. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Pulmonary tuberculosis Date of onset Nov 1935

Other contributory causes of importance: Tuberculous cystitis Nov 1936

Name of operation Honey Date of \_\_\_\_\_  
What test confirmed diagnosis? gray Was there an autopsy? yes

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) W. Maxey M. D.  
(Address) 910 1/2 Perry.

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.

