

JAN 10 1938

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

42891  
Do not use this space.

1. PLACE OF DEATH

(a) County Firmin Desloge Hospital Registration District No. 791  
(b) Township 1003 Primary Registration District No. \_\_\_\_\_ Registered No. 11141  
(c) City St. Louis (d) Street No. Firmin Desloge Hospital St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Baby David Dalbert Maxwell  
(a) Residence, No. 606 Lafayette St. 23 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. Stillborn  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as 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, Missouri

FATHER 13. NAME Hiram David Maxwell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun County, Ill.

MOTHER 15. MAIDEN NAME Zella May Bunch  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg, Missouri

17. INFORMANT (ADDRESS) Zella May Maxwell (mother)  
606 Lafayette - St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE Dec. 4, 1937

19. FUNERAL DIRECTOR (ADDRESS) Wreck Bros.  
2201 So. Grand Blvd.

20. FILED 9 20 19  
J. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd 1937  
22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1937 to Stillborn, 19\_\_\_\_  
I last saw h.t.m. alive on Stillborn, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:45 P.  
The principal cause of death and related causes of importance were as follows:

Difficult labor - large post-mature infant  
Date of onset During labor

Other contributory causes of importance: \_\_\_\_\_

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) Erwin T. Huber, M. D.  
(Address) 1325 South Grand Ave. St. Louis, Mo.

WRITE PLAINLY, WITH UNWAVERING 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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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**