

REC'D FEB 10 1939

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

841
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township **St. Louis, Mo.** Primary Registration District No. **1003** Registered No. **841**
(c) City (d) Street No. **City Infirmary.** St.
(e) Length of residence in city or town where death occurred **76** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **240 Annie M. Maxwell,**
5800 Arsenal St. St. **13** (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 **Female** 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) **May 22, 1860.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 78 8 3x

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **No Occupation**
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.** **0**

FATHER 13. NAME **Matthew Maxwell** **1**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Philadelphia Pa.** **0**

MOTHER 15. MAIDEN NAME **Mary Boyse**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Miss Minnie Lawrence**
4561 Elmbank Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 27, 1939**

19. FUNERAL DIRECTOR (ADDRESS) **Arthur J. Donnelly**
3840 Lindell Blvd.

20. FILED **JAN 27 1939** **J. D. Brudick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 26, 1939**

22. I HEREBY CERTIFY, That I attended, deceased from **July 2, 1936** to **January 26, 1939**
I last saw **er** alive on **January 26, 1939** Death is said to have occurred on the date stated above, at **3:10 P.M.** m.

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

Diabetes Mellitus
arteriosclerosis Heart Disease

Other contributory causes of importance: **59**

Name of operation **None** Date of
What test confirmed diagnosis? **None** 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 **George M. Pike** M. D.
(Signed) **George M. Pike** (Address) **6600 Arsenal St.**

Em Blank signed AF

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.)