

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.

1939

REC'D JUN 1 1939

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township Ballwin Primary Registration District No. 200
 City Ballwin Pine Crest Home. Ballwin No. _____ St. _____ Ward)

2. FULL NAME John Thomas Maynard
 (a) Residence, No. 6954 Corbett, University City Mo. Ward. _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 19682
 Registered No. 986

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Olive Maynard (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9th, 1856.
 7. AGE YEARS 83 MONTHS - DAYS 22 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1939, to May 31, 1939
 I last saw him alive on May 30, 1939. Death is said to have occurred on the date stated above, at 6:30 AM.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Methodist Minister
 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) Jan. 1938
 11. Total time (years) spent in this occupation 1

Chronic myocarditis
 Chronic nephritis
 Chronic prostatitis
 Date of onset
 Other contributory causes of importance: Senile changes | 31

12. BIRTHPLACE (CITY OR TOWN), IN Kentucky. (STATE OR COUNTRY)
 13. NAME Unk'n.
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unk'n.
 15. MAIDEN NAME Unk'n
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unk'n.

Name of operation None Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? no

17. INFORMANT Mrs. Wm. Burgess (ADDRESS) Ph. Ca. 2549, St. Louis Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francois Co. Mo. DATE 6/3/39

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.

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 4700 Washington Ave.

Manner of injury None
 Nature of injury _____

20. FILED MAY 31 1939 D. R. Meyer Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) B. R. Loving, M. D.
 (Address) Ballwin, Mo.

