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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23755

State File No. \_\_\_\_\_

Registrar's No. **6200**

**AUG 25 1940**  
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **City Hospital, #1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **13 Days**  
(Specify whether \_\_\_\_\_)  
 In this community **1 yr.**  
years, months or days)

**3. (a) PRINT FULL NAME** **Jack Maxwell** **240**

**3. (b) If veteran,** name war **Unknown** **3. (c) Social Security** No. **Unknown**

**4. Sex** **Male** **5. Color or** **White** **6. (a) Single, widowed, married,** divorced **Married**  
**6. (b) Name of husband or wife** **Unknown** **6. (c) Age of husband or wife if** **Unknown** **years**  
 alive **Unknown**

**7. Birth date of deceased** **September 5, 1879**  
(Month) (Day) (Year)

8. AGE:			If less than one day ----- hr. min.
Years	Months	Days	
<b>60</b>	<b>10</b>	<b>13</b>	

**9. Birthplace** **Penna.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Nil.**

**11. Industry or business** **Nil.**

**MOTHER FATHER**

**12. Name** **John Maxwell**

**13. Birthplace** **Penna.**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Harrie Dowall**

**15. Birthplace** **France**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Ann Morrison**  
**(b) Address** **City Hospital, #1.**

**17. (a)** \_\_\_\_\_ **(b) Date thereof** **7-25-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **City Cemetery**

**18. (a) Signature of funeral director** **W. J. White**  
**(b) Address** **City Hospital, #1**

**19. (a)** \_\_\_\_\_ **(b)** **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis** **23**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1516 Mississippi**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **X** \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH,** Month **July** day **18,**  
 year **1940** hour **2:40** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **July**  
**5,** 19 **40** to **July 18,** 19 **40,**  
 that I last saw him alive on **July 18,** 19 **40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma of lip with metastasis to neck.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 \_\_\_\_\_ (a) Means of injury

**23. Signature** **Wm J. Ellish** (M, D, or other)  
**Address** **1515 Lafayette,** **11/18/40**  
 Date signed

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**