

No. 2
4-13-40
-17-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26292

FILED AUG 5 1940

State File No.

Registration District No.

Primary Registration District No. 200

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland

(c) Name of hospital or institution: 3618 - Marvin Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 3618 - Marvin Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME MINNIE MAXEY 200

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William S. Maxey 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 15 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Glasgow Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Harlan

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

14. Maiden name Eliza Jole

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

16. (a) Informant W. L. Maxey

(b) Address 3618 - Marvin Overland, Mo.

17. (a) Burial (b) Date thereof 7-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Mo.

18. (a) Signature of funeral director Pat O'Connell

(b) Address 2504 Woodland Overland, Mo.

19. (a) JUL 16 1940 (b) H. J. Tolman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1940 hour 8:00 minute a M.

21. I hereby certify that I attended the deceased from June 24th 1940, to July 9th 1940, that I last saw him alive on July 8th 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 1 yr.

Due to Senility

Due to _____

Other conditions (include pregnancy within 3 months of death) 97

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? _____

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(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature H. J. Tolman M.D. (M. D. or other) _____

Address Pattonville Mo Date signed July 10 1940

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

MOTHER FATHER

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo.*

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, fact should be so stated above.