

S. No. 2
M-9-4-41
v. 3-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

16431
Slate File No. 4694
Registrar's No.

FILED JUN 10 1947 91
Registration District No.

Primary Registration District No.

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: St. Louis, Mo.
(b) City or town: St. Louis, Mo.
(c) Name of hospital or institution: Homer Phillips Hospital
(d) Length of stay: In hospital or institution: 2 mos. 2 days
In this community: 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: 000
(c) City or town: St. Louis, 2117
(d) Street No.: 2826 Dayton
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: George Maxson
3. (b) If veteran, name war: No.
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27,
year 1942 hour 2 minute 40 P. M.
21. I hereby certify that I attended the deceased from February 25, 1942 to April 27, 1942
that I last saw him alive on April 27, 1942
and that death occurred on the date and hour stated above.

4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife: No.
6. (c) Age of husband or wife if alive: years

Immediate cause of death: Cardio Renal Disease
Duration: Unknown

8. AGE: Years 71 Months 8 Days 9
If less than one day: hr. min.

Due to: 131
Due to: 131
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace: Missouri (City, town, or county)
10. Usual occupation: Nil

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

MOTHER FATHER {
11. Industry or business:
12. Name: John Maxson
13. Birthplace: Unknown
14. Maiden name: Christine Fouche
15. Birthplace: La.

16. (a) Informant: Shirley Smith
(b) Address: 2601 N. Whittier
17. (a) Anatomical Disposition: Burial, cremation, or removal: Burial
(b) Date thereof: 5-1-47
(c) Place: burial or cremation: St. Louis
18. (a) Signature of funeral director: W. R. Knight
(b) Address: 3500 Westgate
19. (a) Date received local registrar: MAY 29 1947
(b) Registrar's signature: J. T. Buddick

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: J. Johnson
Address: 2601 Whittier
Date signed: 5/29/47

469A

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, fact should be so stated above.