S. No. 2
M—1-4-41
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I X26390

1490

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1942 318

State File No. 28993

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7541

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State South Carolina (b) County 38 NR

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

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Doris Maxey

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira Maxey 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased November 6 1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 10 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace South Carolina 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Henry H. Savage
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Myrtle Ogelsby
15. Birthplace South Carolina 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Maxey
(b) Address Scott Field Illinois

17. (a) Removal (b) Date thereof Sept 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spartansburg S. Carolina

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEP 10 1942 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day September
year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Purpura Hemorrhagica

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?
..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Alfred J. Perry (M. D. or other)
Address [illegible] Date signed 9/10/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1948

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis 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.