

FILED DEC 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10411

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
9 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4121 Chouteau
(If rural, give location)

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

3. (a) PRINT FULL NAME Lynda Kay Maxwell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 42 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from 10-29
19.42 to 12-13 19.42
that I last saw h. sc. alive on 12-13 19.42
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 11, 1942
(Month) (Day) (Year)

Immediate cause of death Bacillary Diphtheria
119
Duration 2 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
11 2 hr. min.

9. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Earl Maxwell

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

14. Maiden name Katie Thornton

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

16. (a) Informant Katie Maxwell

(b) Address 4121 Chouteau Ave.

17. (a) Removal (b) Date thereof 12/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 14 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature K. O. Blanton (M. D. or other) _____
Address for Dr. Blanton Date signed _____

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

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..... *Henry Eynck*.....

Licensed Embalmer No..... *1284*.....

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.