

S. No. 2  
DM-2-43  
v. 5-17-49  
I X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 14 1945**  
318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4582  
State File No. \_\_\_\_\_  
Registrar's No. **1931**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**St. Lukes 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

3. (a) PRINT FULL NAME **Maggie Ellen Maxwell**  
3. (b) If veteran, name war **Nil**  
3. (c) Social Security No. **None**

4. Sex **F** / 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Clifton Maxwell**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sept. 10, 1883**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 5 16**  
hr. \_\_\_\_\_ min.

9. Birthplace **Wayne County Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Lock**  
13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Madeline Jessup**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clifton Maxwell**

(b) Address **Browns Illinois**

17. (a) **Removal** (b) Date thereof **2-26-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairfield, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc.**

(b) Address **4700 W. Washington Ave.**

19. (a) **FEB 27 1945** (b) \_\_\_\_\_  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Illinois** (b) County **Edwards**  
(c) City or town **Browns** **799 NR.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) **11**  
(e) Citizen of foreign country? **2** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **26**  
year **1945** hour **12** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **10-20-44**  
19:\_\_\_\_ to **2-26** 19**44**  
that I last saw h. **alive** on **2-26** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma Pleurae +**  
**Acute Necrosis with Abscess**  
Due to **Severely Ruptured**

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **As above**  
Of autopsy **none done**

Duration  
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 **J. B. Budick** (M.D. or other)  
Address **3528 Washington** Date signed **2/27/45**

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

20  
17  
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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 *Albert W. Hays*

Licensed Embalmer No. *1861*

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.**