

No. 2
-12-45
5-17-39
I X47070

FILED **1946**
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Maxwell

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-20-9870

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie T. Maxwell

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

7. Birth date of deceased Sept. 30 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

46	0	9	hr.	min.
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9. Birthplace Natchez, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Mamie

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

16. (a) Informant Mamie T. Maxwell

(b) Address 3212 Rutger St.

17. (a) Burial (b) Date thereof Oct. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale

18. (a) Signature of funeral director E. B. Rooney

(b) Address 1221 N. Grand Blvd.

19. (a) OCT 11 1946 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3214 Rutger
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1946 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from 10-3 1946 to 10-9 1946
and that death occurred on the date and hour stated above.

that I last saw him alive on October 9 1946

Immediate cause of death Right Lobar Pneumonia
Pyonephrosis - Non-calculous

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Yes

Duration

Undet.

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)

(c) Means of injury _____

23. Signature E. B. Williams (M. D. or other) _____

Address 2601 N Whittier Date signed 10/10/46

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.....

Leroy W. Bannister, Registered Apprentice No. *405*
working under my personal supervision.

Signed *Herbert J. Gaudell*

Licensed Embalmer No. *4243*

P. O. Address *1577 E. 1st St.
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.