FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6750

FILED MAR 11 1948

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 1994

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: 7 days (Specify whether years, months or days)

In this community: 16yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 4220 Evans (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Hannah Maxwell

3. (b) If veteran, name war: no

3. (c) Social Security No.: not any

4. Sex: femal 5. Color or race: Colard 6. (a) Single, widowed, married, divorced: Widowed

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

7. Birth date of deceased: December 25th, 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
~~68~~	67	1	29	hr. min.

9. Birthplace: Somerville Tenn. (City, town, or country) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

FATHER 12. Name: Britton Poke

13. Birthplace: Tenn. (City, town, or country) (State or foreign country)

MOTHER 14. Maiden name: Sallie Carter

15. Birthplace: Tenn. (City, town, or country) (State or foreign country)

16. (a) Informant: Mrs. Evelyn Anderson

(b) Address: 4220 E. Evans Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cem.

18. (a) Signature of funeral director: Moses Adams

(b) Address: 3849 Windsor Place

19. (a) FEB 27 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 23 year: 1948 hour: 10 minute: 45 P.M.

21. I hereby certify that I attended the deceased from: Feb. 17, 1948 to Feb. 23, 1948 that I last saw her alive on: Feb. 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degenerative Heart Disease	Undet.
Due to:	
Due to:	
Other conditions: Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	
Cerebral Thrombosis	

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN — Underline the cause of 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) 0

While at work? Means of injury:

23. Signature: Oscar F. Daniels (M.D. or other)

Address: 2601 N Whittier Date signed: 2/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Guyton H. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed J. C. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.