

No. 2
5-43
17-39
X36671

DEPARTMENT OF HEALTH
BUREAU OF THE VITALS
FILED AUG 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28017

State File No.

6999

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Dejeaners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) same

3. (a) PRINT FULL NAME

Guy E. Maxwell

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

male

5. Color or

race

white

6. (a) Single, widowed, married,

divorced

Married

6. (b) Name of husband or wife

Irene

6. (c) Age of husband or wife if

alive

years

7. Birth date of deceased

Feb 17 1904
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

44 5 19
hr. min.

9. Birthplace

Nashville, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation

Electrician

11. Industry or business

Fl. Power & Lk. Co.

12. Name

Fra Maxwell

13. Birthplace

Washington Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name

Laura Reidelberger

15. Birthplace

Nashville, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant

Irene Maxwell

(b) Address

Nashville, Ill.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Aug 9 '48
(Month) (Day) (Year)

(c) Place: burial or

Magnic Cem. Nashville Ill.

18. (a) Signature of funeral director

J. B. Budeck

(b) Address

Nashville, Ill.

19. (a)

AUG 10 1948
(Date received local registrar)

(b)

J. B. Budeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington
(c) City Nashville 999
(If outside city or town limits, write "RURAL") 11
(d) Street No. N.R. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1948 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from 7-26 1948 to August 6 1948;
that I last saw him alive on August 6 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

Congestive Heart Failure

Duration

1 mo

Due to Chronic Valvular
Heart Disease

9+ yrs.

Due to Rheumatic Fever at
age of 10 yrs.

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? (c) Means of injury

23. Signature A. R. Duffler (M. D. or)
Address 634 N. Grand St. Louis, Mo. Date signed 8-9-48

(Licensed Embalmer's Statement on Reverse Side)

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

Funeral Service

working under my personal supervision.

and Slope
Registered Apprentice No.

Signed

J. D. Mann
Licensed Embalmer No.

P. O. Address

5040 F/11/1100
Nashville Ill

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.