No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34458

Registrar's No. 9568

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:
112 1/2 N. 6th St.
(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

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

(d) Street No. 112 1/2 N. 6th St. 4
(If rural, give location)

25 (e) Citizen of foreign country? No (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Harry O. Maxfield

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

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 October 30, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	0	1	hr. min.

9. Birthplace Centralis (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Musician

11. Industry or business

FATHER
12. Name Hiram Maxfield
13. Birthplace Centralia (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary J. Lucy
15. Birthplace Dix (City, town, or county) Illinois (State or foreign country)

16. (a) Informant James Maxfield
(b) Address Centralia, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Illinois.

18. (a) Signature of funeral director Teetz Funeral Home Inc
(b) Address 3029 Lafayette Ave.

19. (a) NOV 3 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd year 1948 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address Date signed 11/3/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 12 1946

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 A. W. Jansky

Licensed Embalmer No. 4149

P. O. Address 3029 Lafayette Ave.

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.