

FILED NOV 24 1950 STANDARD CERTIFICATE OF DEATH

38821

State File No. \_\_\_\_\_  
Registrar's No. 9585

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2119</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Homer G Phillips Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>3739 Windsor</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Burley</b> b. (Middle) _____ c. (Last) <b>Maxwell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 15, 1904</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <b>Madon, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <b>Tom Curry</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Kelly</b>		14. NAME OF HUSBAND OR WIFE <b>Booker Maxwell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia and Acidosis</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Pyelonephritis, left</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? <b>leaded</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <b>11-6</b> , 19 <b>50</b> , to <b>11-9</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>11-9</b> , 19 <b>50</b> , and that death occurred at <b>7:55p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Alvin J. Thompson M.D.</b>			23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>11-10-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 13th, 50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 12 1950</b>		REGISTRAR'S SIGNATURE <b>J.B. Lester</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R.M.C. Green 3517 Laclede</b>	

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

Alvin J. Thompson

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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\_\_\_\_\_

\_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. ....

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.