

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37892

State File No. ....

1500  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5584</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>MEPAMEC TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>65</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HIGH RIDGE-MO</u>		d. STREET ADDRESS (If rural, give location) <u>MEPAMEC TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIGH RIDGE MO</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 2 - 1951</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) _____		c. (Last) <u>MAXWELL</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 19 - 1892</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HIGH RIDGE-MO</u>	
11. BIRTHPLACE (State or foreign country) <u>HIGH RIDGE-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>		13a. FATHER'S NAME <u>Carlton Miller</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET NOLAN</u>	
14. NAME OF HUSBAND OR WIFE <u>CARLTON MAXWELL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carlton A Maxwell</u>	
17. ADDRESS <u>High Ridge Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						<u>4 yr.</u>	
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>						<u>15 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar. 18, 1932</u> , to <u>Nov 2, 1951</u> , that I last saw the deceased alive on <u>Nov. 2, 1951</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Louis Bauer M.D.</u>				23b. ADDRESS <u>2646 Shavano</u>		23c. DATE SIGNED <u>11/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/5/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis - Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 10, 51</u>		REGISTRAR'S SIGNATURE <u>Ruth J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John ...</u>		ADDRESS <u>Home Springs Mo.</u>	

DATE RECEIVED 11-13-51  
MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

NOV 28 1951

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.

Signed.....  
Student Embalmer

Signed.....

*John H. Brimmer*  
Student Embalmer No.....  
Licensed Embalmer No. 1470

P. O. Address *House Springs 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.