

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11138

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		<u>46 93</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>114 E. Madison</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>A.</u> c. (Last) <u>Maxwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1952</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>April 22, 1888</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>Henry Richter</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Lieb</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Maxwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William H. Maxwell</u>		ADDRESS <u>Kirkwood, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>Uncertain</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>4201</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>Jan. 31, 1952</u> , to <u>Feb. 7, 1952</u> , that I last saw the deceased alive on <u>Feb. 7, 1952</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. C. Mac Donald M.D.</u> (Degree or title)		23b. ADDRESS <u>539 N. Grand</u>	
23c. DATE SIGNED <u>2-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/11/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-9-52</u>		REGISTRAR'S SIGNATURE <u>Harold R. Denson M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>		ADDRESS <u>Kirkwood, Mo.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William H. Fitzmaurice* _____

Licensed Embalmer No. *4316* _____

P. O. Address *Kalamazoo, Mich* _____

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.