

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3479

State File No. _____
Registrar's No. **0956**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 0956			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			2149		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4980 OLEATHA				d. STREET ADDRESS (If rural, give location) 14 4980 OLEATHA							
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) JAMES			c. (Last) MAXWELL			4. DATE OF DEATH (Month) (Day) (Year) JAN-25-53		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWER-DIVORCED (Specify) M		8. DATE OF BIRTH JULY-8-1902		9. AGE (In years last birthday) 50 YRS		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSE WORKER				10b. KIND OF BUSINESS OR INDUSTRY Phillips 66.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis MO			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JAMES M. MAXWELL				13b. MOTHER'S MAIDEN NAME ANNA E. BOYLAN.			14. NAME OF HUSBAND OR WIFE MILDRED MAXWELL				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Maxwell 4980 Oleatha					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbidity 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.								INTERVAL BETWEEN ONSET AND DEATH	
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) <input checked="" type="checkbox"/>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4201						
22. I hereby certify that I attended the deceased from June 10, 1952 to Jan 25, 1953 , that I last saw the deceased alive on Jan 25, 1953 , and that death occurred at 4:45 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) W.B. Bush M.D.					23b. ADDRESS 905-1 Grand Ave			23c. DATE SIGNED Jan 27-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-28-53		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY			24d. LOCATION (City, town, or county) (State) St. Louis MO				
DATE REC'D BY LOCAL REG. JAN 27 1953		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. SCHNUR 3125 Lafayette Ave						

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

APR 1 1953

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 *John B. Volkman*

Licensed Embalmer No. 414

P. O. Address 3125 Lafayette

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.