

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

FILED JAN 5 1954

State File No. \_\_\_\_\_  
Registrar's No. 11941

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

4

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	
c. LENGTH OF STAY (in this place) _____		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LITTLE SISTER OF THE POOR</u>		d. STREET (If rural, give location) ADDRESS <u>16 3400 SO GRAND BLVD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle) _____	
c. (Last) <u>MAXWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 16 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUN 12 1874</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>REINFELS GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>WM. ZIMMERMANN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM MAXWELL (DECEASED)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Helen B Schulte</u> ADDRESS <u>2115 Russell</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Verbrauf. Kammerkranz</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arterio Sclerosis</u> <u>1 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertension</u> <u>2 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS: _____		Conditions contributing to the death but not related to the disease or condition causing 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		331X	
22. I hereby certify that I attended the deceased from _____, 19 <u>53</u> , to _____, 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 15</u> , 19 <u>53</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edna P. Buehler</u> (Describe or title) _____		23b. ADDRESS <u>607 N. Grand</u>	
23c. DATE SIGNED <u>12-17-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>DEC 19 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. G.</u> ADDRESS <u>1905 S Grand</u>	
DATE RECORDED <u>DEC 18 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Ronald O Yahnke*.....

Licensed Embalmer No. *3917*.....

P. O. Address *St Louis 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.