

STANDARD CERTIFICATE OF DEATH

State File No. **25491**

No. 300
10-48

FILED AUG 11 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1788

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) 16 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7373 STRATFORD AVE		e. STREET ADDRESS (If rural, give location) 7373 Stratford Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) PHILIP c. (Last) MAXEINER.			4. DATE OF DEATH (Month) (Day) (Year) July 22, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 14, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Office Manager; Armour & Co.			10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.		11. BIRTHPLACE (City and State or Foreign Country) Denver, Colorado	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Maxeiner.	13b. MOTHER'S MAIDEN NAME Theresa Thiele	14. NAME OF HUSBAND OR WIFE Laura L. Maxeiner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American	16. SOCIAL SECURITY NO. 327-03-2509	17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura L. Maxeiner;	ADDRESS 7373 Stratford Ave.
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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.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Right Kidney.		
	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.			

19a. DATE OF OPERATION Mar. 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Right Kidney.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 180X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 12/24, 1953, to July 22, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>O. C. Williamson</i>	(Degree or title) M.D.	23b. ADDRESS 6336 Clayton Road	23c. DATE SIGNED 7/22/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/23/1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks

DATE REC'D BY LOCAL REG 7-22-54	REGISTRAR'S SIGNATURE <i>Hubert R. Dombro</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011A*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**