

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6913**  
Registrar's No. **1882**

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

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, Mo.</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1181 Howell Av.</u>		20890	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A.</u> c. (Last) <u>Maxwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 5, 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>construction</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (City and State or Foreign Country) <u>Nashua, New Hampshire</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Charles James Maxwell</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny Early</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Maxwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		SOCIAL SECURITY NO. <u>495-182610</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Geo. A. Bowler</u>	
16. ADDRESS <u>1176 Lawn Ave</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>O.K. Joseph Sm. Quinn Deputy Col. 2/24/56</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>331X</u>	
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 Feb. 19, 1956, to Feb. 20, 1956, that I last saw the deceased alive on Feb. 20, 1956, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. P. Vermillion M.D.</u> M. D.		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <u>2/21/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Monday 2/23/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>FEB 23 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Buell-Campbell Mortuary</u>	
				ADDRESS <u>5165 Belmont St.</u>	

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

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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.....  
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *336*

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.