

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7670

State File No.

FILED MAR 12 1956

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>542</u>	
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>Normandy</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>Normandy 41710</u>		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 <u>7601 Santa Monica</u>				e. STREET ADDRESS (If rural, give location) <u>7601 Santa Monica</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) <u>A.</u>		c. (Last) <u>MAXWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/22/56</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>2/2/1886</u>		9. AGE (In years last birthday) <u>70 yrs.</u>	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) <u>Linen Matron</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DePaul Hosp.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bruno, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Lucy</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Arnaut</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Maxwell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-03-6858¹⁰</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Maxwell 7601 Santa Monica</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Medullary fracture</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> <u>13 min</u> <u>—</u>	
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)		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?					
22. I hereby certify that I attended the deceased from <u>2/22/56</u> at <u>9:10 p.</u> to <u>2/22/56</u> , that I last saw the deceased alive on <u>2/22/56</u> , and that death occurred at <u>9:10 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Arthur Hayes, M.D.</u>				23b. ADDRESS <u>5307 Kustling</u>		23c. DATE SIGNED <u>2/23/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-24-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombro, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.J. Schnur Funeral Home 3125 Lafayette</u>			

(Licensed Embalmer - 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 *Thomas R. Penwick*.....

Licensed Embalmer No. *379*.....

P. O. Address *3125 Laf*.....

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.