FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6455

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1553

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b 04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN Univ. City 6600 Washington 4336 Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 6600 Washington Reside on Farm Yes ☐ No ☐ 27

3. NAME OF DECEASED (Type or print) First Middle Last: CLARENCE OSCAR CHRISTIAN MAX

4. DATE OF DEATH Month Day Year: FEB. 14, 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Dec. 16,1874
9. AGE (In years last birthday): 82 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): Physician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Bavaria,Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Max
14. MOTHER'S MAIDEN NAME: Barbara Sachs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Dr. Paul Max Address: #12 Dromara Rd. Ladue,M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — MANY YRS.
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from FEB. 10, 1957, to FEB. 14, 1957 and last saw her/him alive on FEB. 14, 1957
Death occurred at 5:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. R. Vermillion, M.D. M. D. 0
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 2/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-16-57
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.
23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.

24. FUNERAL DIRECTOR C.R.Lupton & Sons ADDRESS 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. FEB 15 '57
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Arnold W. Schoen

Licensed Embalmer No. 38

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.