

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

STATE FILE NUMBER 3301

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 62

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New Faith Hospital		Length of stay in lb 3 weeks	
10. STREET ADDRESS		11. (If outside, give location) 1060 Hornsby Avenue	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Olive Middle G Last Maxwell			4. DATE OF DEATH Month January Day 3 Year 1958		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 20, 1896	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME - - - - Eisenbach	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE James A. Maxwell (Deceased)
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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) NO	16. SOCIAL SECURITY NO. unknown	17. INFORMANT James W. Maxwell, 928 Marias Drive
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarction Rheumatic heart disease Rheumatic heart disease		INTERVAL BETWEEN ONSET AND DEATH 2 wks ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 416x	
	DUE TO (c)	
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10/55 to 1/2/58 and last saw her/him alive on 1/2/58 Death occurred at 5:45 PM 1/3/58 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE A. V. Benincasa (Degree or title) Anthony V. Benincasa MD	22b. ADDRESS 3731 Goodfellow 3731 Goodfellow Blvd	22c. DATE SIGNED 1/3/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair	25. DATE RECD. BY REG. JAN 4 58	26. REGISTRAR'S SIGNATURE J Carl Smith MD
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

MAR 5 1958

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 *Glenn W. Hay*

Licensed Embalmer No. *3737*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.