

10-39

SEP 25 1940 791

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: 3021a Spruce Street **2**

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State 0 Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis **18**

(d) Street No. 3021a Spruce

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Robert Maxwell **240**

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. 702818-7592

**4. Sex** Male **5. Color or** Negro **6. (a) Single, widowed, married,** divorced **widowed**

**6. (b) Name of husband or wife** Fannie Maxwell **6. (c) Age of husband or wife if** 23 **years**

**7. Birth date of deceased** 6 23 1878

(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
62	1	15	hr. _____ min.

**9. Birthplace** Nashville, Tenn.

(City, town, or county) (State or foreign country)

**10. Usual occupation** Day laborer

**11. Industry or business** \_\_\_\_\_

**12. Name** Thomas Maxwell

**13. Birthplace** Columbia, Tenn.

(City, town, or county) (State or foreign country)

**14. Maiden name** Nellie Thomas

**15. Birthplace** Columbia, Tenn.

(City, town, or county) (State or foreign country)

**16. (a) Informant** Nellie Brown

(b) Address 3021a Spruce

**17. (a) ~~83021a~~ (b) Date thereof 8/23/40**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

**18. (a) Signature of funeral director** Russell Und. Co.

(b) Address 2732 Pine Street

**19. (a) AUG 23 1940** (b) J.F. Russell

(Date received local registrar) (Signature of registrar)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Aug. day 18.

year 1940 hour 7 minute 38 a.m.

**21. I hereby certify that I attended the deceased from** 8-12

1940 to 8-18 1940

that I last saw him alive on 8-18 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Regurgitation

Other conditions acute pleurisy

(Include pregnancy within 3 months of death)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations: no

Of autopsy: no

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** L.B. Vincent (M. D. or other) \_\_\_\_\_

Address 2336 a market Date signed 8-23-40

**PHYSICIAN**

\_\_\_\_\_

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Joel Russell*

Licensed Embalmer No. *4112*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**