

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

31883

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Richmond Heights (No. St. Marys Hospital)

Registration District No. 1170  
Primary Registration District No. 6248 H

File No. \_\_\_\_\_  
Registered No. 239  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Lillian May  
(a) Residence. No. 4958 Winona St., \_\_\_\_\_ Ward. St. Louis Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Female</u>		<b>4. COLOR OR RACE</b> <u>White</u>		<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)</b> <u>married</u>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>John M. May</u>					
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>Dec. 3 1899</u>					
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>	
	<u>29</u>	<u>9</u>	<u>11</u>		
<b>8. OCCUPATION OF DECEASED</b>					
(a) Trade, profession, or particular kind of work <u>Housewife</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u>					
(c) Name of employer _____					
<b>9. BIRTHPLACE (CITY OR TOWN)</b> <u>Fredericktown</u> (STATE OR COUNTRY) <u>Missouri</u>					
<b>PARENTS</b>	<b>10. NAME OF FATHER</b> <u>Geo. W. Haun</u>				
	<b>11. BIRTHPLACE OF FATHER (CITY OR TOWN)</b> <u>North Carolina</u> (STATE OR COUNTRY)				
	<b>12. MAIDEN NAME OF MOTHER</b> <u>Elizabeth Housie</u>				
<b>13. BIRTHPLACE OF MOTHER (CITY OR TOWN)</b> _____ (STATE OR COUNTRY) <u>Missouri</u>					

**14. INFORMANT** John M. May  
(Address) 4958 Winona

**15. FILED** 9/14 1929 Lo. L. Jensen  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept. 14 1929

**17. I HEREBY CERTIFY, That I attended deceased from** Sept 7, 1929, to Sept 14, 1929  
that I last saw him alive on Sept 14, 1929, and that death occurred, on the date stated above, at 11:17 a.m.

**1426 THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
11418  
Intra-abdominal hemorrhage (lung ruptured) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Cause in left Spleen (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**  
NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? Post mortem findings  
(Signed) Geo. W. Flynn, M. D.  
9/14, 1929 (Address) Missouri 1846.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

<b>19. PLACE OF BURIAL, CREMATION, OR REMOVAL</b> <u>Fredericktown Mo.</u>	<b>DATE OF BURIAL</b> <u>9-16 1929</u>
<b>20. UNDERTAKER</b> <u>Kriegshauser and Co 4328 S. Kingshighway</u>	<b>ADDRESS</b>

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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