

WRITE 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.

OCT 29 1932

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

Do not use this space.

30311

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township Capen-delet Primary Registration District No. 6248 B.
 City Jefferson (No. Jefferson Barracks No. St. P. B. - Ward)

2. FULL NAME De May, Willard
 (a) Residence, No. Jefferson Barracks No. 1123 St. Jefferson Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel E. De May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	41	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cane Maker 95

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business 90

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Joseph De May

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 9

MOTHER

15. MAIDEN NAME Undenounced

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Ethel E. De May
 (ADDRESS) Jefferson Barracks

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE 9-30 1932

19. UNDERTAKER Kriegshauser Mortuary
 (ADDRESS) 4228th Kwigshighway

20. FILED Sept. 26, 1932 L. C. Abert M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Calcular Disease (Mitral regurgi-tation) 92 A
 (Date of onset 92 A)

Other contributory causes of importance:
Medical history (5)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) John O. Longfellow M. D.
 (Address) Cera... St. Louis County

