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.

JAN 5 1933

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

Do not use this space.
37096

1. PLACE OF DEATH
County St Louis Registration District No. 1170
Township Central Primary Registration District No. 62484 File No. Registered No. 230
City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME Henry J May
(a) Residence, No. 1386 Bemple Av St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Emma May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th 1860

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 72 | 4 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soda Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 163
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 84

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

FATHER
13. NAME Jacob May
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Helen Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Wm Demmer
(ADDRESS) 1236 Moorlands, Richmond Heights

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Olive DATE 11-15 1932

19. UNDERTAKER Arthur J Donnelly Undertaker
(ADDRESS) 2039 Wash St

20. FILED 11/14 1932 C. L. Jansen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by hanging | |
| Hanging (Suicide) | |
| Chronic alcoholism | |
| Underlying cause of mental disorder | |

Other contributory causes of importance:

Name of operation None 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? Suicide Date of injury 11/12 1932
Where did injury occur? St Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Suicide by hanging
Nature of injury Hanging

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

(Signed) John O'Connell M. D.
(Address) Coroner St Louis Co.

1125
1511