

JAN 10 1937

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

Do not use this space.

46850

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. **791**
Primary Registration District No. **1008**
(No. Missouri Baptist Hosp.)

File No. _____
Registered No. **12444**
St. _____ Ward _____

2. FULL NAME

Mrs. Rose May

(a) Residence, No. 17 Signal Hill Blvd. St. NR Ward _____

E. St. Louis, Illinois

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert W. May</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 4 1865</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tell City Ind.</u>		
FATHER	13. NAME <u>Hy Masterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Troy Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Martha</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Troy Ind.</u>	
17. INFORMANT (ADDRESS) <u>Mrs J. Parham Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cal. House</u> DATE <u>12/19</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Charles G. Hurvics</u>		
20. FILED <u>DEC 15 1936</u> <u>J. Bredick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1936, to Dec 18 1936
I last saw him alive on Dec 18 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Sigmoid

Other contributory causes of importance:
H. B. C.

Name of operation _____ Date of 12-8-36
What test confirmed diagnosis? Biopsy. Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? No
(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 Joseph E. Carney M. D.
(Signed) _____
(Address) 5725 Frisco Bldg.

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.

Dr. F. C. Johnson