

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

Do not use this space.

JUN 12 1937

18646

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Luthern Hosp.)

File No.
Registered No. 5222
St. Ward

2. FULL NAME Elizabeth May.

(a) Residence, No. 3730 Tennessee Ave. St., 16 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Louis May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>11</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

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) 11. Total time (years) spent in this occupation

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

13. NAME Leonhardt Reinhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Kalb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louis May (ADDRESS) 3730 Tennessee Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. Date May 26th, 1937

19. UNDERTAKER William Schumacher (ADDRESS) 3013 Meramec Street.

20. FILED St. Louis Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23rd, 1937

22. I HEREBY CERTIFY That I attended deceased from April - 22, 1937, to May 23, 1937
I last saw her alive on May 23, 1937 Death is said to have occurred on the date stated above, at 8 PM m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis of heart Date of onset

Other contributory causes of importance:

Arterial Hypertension
She was operated for anterior and posterior calporrhaphy

Name of operation..... Date of 5-22-1937
What test confirmed diagnosis? usual Was there an autopsy?.....

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?.....
If so, specify.....

(Signed) J. H. Grand M. D.
(Address) 2102 S. Grand Blvd

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MAY 25 1937

3550 Kansas CC

19064

Prospect 6398

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