

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

32708
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **8762**
 (c) City **ST. LOUIS MO.** (d) Street No. **2833 CHOUTEAU AV.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **4324 S. 38th St.** St. **15** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) **VIOLA P. MAY**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 14 - 1890**
 7. AGE YEARS **47** MONTHS **5** DAYS **3** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HARDWARE**
 9. Industry or business in which work was done, as saw mill, bank, etc. **MERCHANT OWNER**
 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, MISSOURI**

13. NAME **John MAY**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI**

15. MAIDEN NAME **ISABELLE KIRKWOOD**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI**

17. INFORMANT (ADDRESS) **VIOLA P. MAY 4324 S. 38th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SUNSET BURIAL PK.** DATE **SEPT 20, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schmur 3125 Lafayette Ave**

20. FILED **SEP 20 1937** **J. J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT 17, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **JUN 4**, 19**35** to **9-17**, 19**37**
 I last saw him alive on **9-17**, 19**37** Death is said to have occurred on the date stated above, at **1:30 p. m.**
 The principal cause of death and related causes of importance were as follows:

Coronary Disease Date of onset **9/4**

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No** 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) **W. J. [Signature]**, M. D.
 (Address) **28369 Chouteau St. Louis Mo**

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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STATEMENT BY LICENSED EMBALMER

I, James G Sullivan, Licensed Embalmer No. 2260
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James G Sullivan
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed James G Sullivan
Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)