REC'D JUN 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 292 — File No. 18202
Township Boeuf — Primary Registration District No. 5-410 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME August May
(a) Residence, No. ..... St., ... Ward. St. Louis, Mo.
(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: 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: Emma May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8- 1867

7. AGE: YEARS 71 — MONTHS — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 9

FATHER
13. NAME: Gustav May
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

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

17. INFORMANT (ADDRESS): Edw. F. May, 5012 A. Tholozan-St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE May 24, 1938

19. UNDERTAKER (ADDRESS): Herman Blumer, Berger, Mo.

20. FILED May 23, 1938 Jeffie Grammenwaum, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1938

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 5:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident. Struck by Mo. Pacific train 2 miles West of Berger. Mo. Right arm crushed below elbow. Crushed chest. Both legs broken below knees.	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 23, 1938
Where did injury occur? 2Miles West of Berger (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Private Railway crossing
Manner of injury Truck they were crossing
Nature of injury Truck in struck by train.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Thos. P. Shaffer Coroner
(Address) Sullivan Mo.