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.

NOV 16 1938

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

33738
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8724
(c) City St. Louis (d) Street No. 4232 Hydralic Ave. 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 Henry May, Sr.
(a) Residence, No. 4232 Hydralic Ave. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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: Elizabeth May
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 7th. 1869.
7. AGE: 69 YEARS, MONTHS: 8, DAYS: 28 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Chef
9. Industry or business in which work was done, as saw mill, bank, etc.: Hotel
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): Germany 6

FATHER
13. NAME: Unknown 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

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

17. INFORMANT (ADDRESS): Elizabeth May, 4232 Hydralic Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mo. Crematory DATE: Oct. 7th. 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle, 2331 S. Broadway
20. FILED: OCT 6 1938 J. F. Bredeck, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 5th. 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1938, to Oct. 5, 1938, 19..
I last saw him alive on Oct. 5th, 1938. Death is said to have occurred on the date stated above, at 1.18 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 3 days (Right Side) — Date of onset

Other contributory causes of importance:
Arterosclerosis 6 Months.

Name of operation: No Operation. Date of .....
What test confirmed diagnosis? Phy. Lab. Was there an autopsy? No.

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) Dr. W. H. Watters, M. D.
(Address) 3608 South Grand Blvd. La 7891

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....
Frank J. Hyland Sr., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Hyland Sr.

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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

**If this body is not embalmed, above space should be left blank.**