

MAR 29 1939 APR 7 1939

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

12241
Do not use this space.

1. PLACE OF DEATH:
(a) County St. Louis 2 Registration District No. 784
(b) Township Bonhomme 1 Primary Registration District No. 103
(c) City St. Louis (d) Street No. Roll Road 74th N of Front St. Registered No. 571
(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 Osborne J. May
(a) Residence, No. 1804 S. 8th St. St. St. Louis, Mo.
(Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geraldine May</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26, 1911</u>				
7. AGE	YEARS <u>27</u>	MONTHS <u>6</u>	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>News Vendor</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
	13. NAME <u>William May</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
	15. MAIDEN NAME <u>Willy Bastian</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				
17. INFORMANT <u>Harry May</u> (ADDRESS) <u>5864 Roosevelt Pl.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marcus</u> DATE <u>Mar. 30</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Wm. C. Moydell</u> (ADDRESS) <u>1926 Allen Ave.</u>				
20. FILED <u>MAR 29 1939</u> <u>W. C. Moydell</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Mar. 28 1939</u>
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 <u>7th</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Suicide by firearm</u> <u>(Revolver)</u> <u>167</u> Date of onset <u>3/28/39</u>	
Other contributory causes of importance: <u>Gun shot wound of chest</u> <u>the head</u>	
Name of operation	Date of.....
What test confirmed diagnosis? <u>Physical signs</u>	Was there an autopsy? <u>yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide <u>suicide</u> Date of injury <u>3/28, 1939</u> Where did injury occur? <u>St. Louis, Mo.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Public Place</u>	
Manner of injury <u>suicide by firearm</u>	
Nature of injury <u>7th Wound of chest</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>John C. Lowell</u> M.D. (Address) <u>Corner of Market and</u>	

B.C. (Licensed Embalmer's Statement on Reverse Side)

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.

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, or by.....

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

Signed *Benj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.)

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