REG'D JUL 12 1939

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

20206
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township or (c) City St. Louis Primary Registration District No. 1008 Registered No. 5050
(d) Street No. Homer G. Phillips Hospital 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 Robert Mays
(a) Residence, No. 3304 Hickory St. 18
(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: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1886

7. AGE: Years 52 | Months 9 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Ala.

FATHER
13. NAME Sandy Mays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

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

17. INFORMANT Esther Mays Shines
(ADDRESS) 2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE June 5, 1939

19. FUNERAL DIRECTOR (NAME) Wm. Little Funeral Home
(ADDRESS) 3200 Easton

20. FILED JUN 5 1939 J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-16-, 1939, to 6-2-, 1939.
I last saw him alive on 6-2-, 1939. Death is said to have occurred on the date stated above, at 9:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	5-16-39

Other contributory causes of importance:
Chronic Nephritis

Name of operation ..... Date of ..... no
What test confirmed diagnosis? Clinical 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) H. J. Lipman, M. D.
(Address) 2601 N. Whittier St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INFADING 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.

I X16603

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 me Chas. Gaines, Registered Apprentice No. 2349 working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

P. O. Address

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.