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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 41742  
Registrar's No. 10865

Registration District No. 1000

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County St Louis  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer G Phillips Hospital  
 (If not in hospital or institution, write street, number or location)  
 (d) Length of stay: In hospital or institution 1 mo 14 das  
Unknown (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Will Mays 2003. (b) If veteran, name war. 3. (c) Social Security No. None4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lizzie Mays 6. (c) Age of husband or wife if alive 57 years7. Birth date of deceased August 4 1875  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
64 4 13 hr. min.9. Birthplace Dyersburg Tennessee  
(City, town, or county) (State or foreign country)10. Usual occupation Porter11. Industry or business 912. Name Unknown 913. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lizzie Mays(b) Address 2838 Bell Ave17. (a) Burial (b) Date thereof 12-23-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director C. J. Garner(b) Address 2829 Washington, Ave. Wash19. (a) DEC 20 1939 (b) [Signature]  
(Received local registrar) (Attestor's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St Louis 21  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2838 Bell  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17  
year 1939 hour 4:00 minute 5 A. M.21. I hereby certify that I attended the deceased from  
November 3, 1939, to December 17, 1939;  
that I last saw him alive on December 17, 1939;  
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia Duration 2 das  
Hypertrophic Arthritis 3-4 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: 107  
Of operations \_\_\_\_\_Of autopsy Bronchopneumonia

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_Address 2501 N Whittier Date signed 12/19/39

**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 *Arthur L. Hilliard*

Licensed Embalmer No. *3389*

P. O. Address *3028 Dickson*

**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.**