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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

JAN 1 19

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42128

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 11251

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Josephine Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1122 Wilmington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Louis F. May

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-01-1549

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Nora J. May

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. 13, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	16	hr. min.

9. Birthplace Terre Haute, Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Telegraph Editor

11. Industry or business Post. Dispatch 1

FATHER
12. Name Unknown 9
13. Birthplace _____ (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace _____ (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Nora J. May

(b) Address 1122 Wilmington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So Kings

19. (a) DEC 31 1939 (Date received local registrar) (b) J. F. Bruhek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 1939 hour 340 minute P M.

21. I hereby certify that I attended the deceased from 12-27, 1937, to 12-29, 1939, that I last saw him alive on 12-29, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Perforated gastric ulcer	26 hrs
Due to ulcer	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	
Major findings: Of operations Perforation peritonitis	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Philip Schuck (M. D. or other)

Address 1703 S Grand Date signed 12/30/39

(Licensed Embalmer's Statement on Reverse Side)

Dr. Philip Schmidt
1703 S. Grand
3-4

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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

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