

No. 2
1-10-39
-17-39
K21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 25 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23399
State File No.
5844
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)
In this community Unknown
years, months or days

3. (a) PRINT FULL NAME May Little 340

3. (b) If veteran, name war no 8. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 22 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name William Willes

13. Birthplace Alabama
(City, town, or county) (State or foreign country)

14. Maiden name May Seaton

15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Public Administrator
(b) Address Thomas Madden

17. (a) Burial (b) Date thereof 7-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director H. Heidner, und. CO
(b) Address 2223 St. Louis Ave.

19. (a) JUL 11 1940 (b) J. F. Brueck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1709 Franklin Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8,
year 1940 hour 3:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 5, 1940 to July 8, 1940

that I last saw her alive on July 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Progressive Heart Failure
Progressive Heart Failure
Due to _____

Due to _____

Other conditions Myeloid Leukemia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature John J. Meony (M. D. or other) _____
Address 1515 Lafayette Date 7/10/40

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

MOTHER FATHER

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.