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DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33847**  
Registrar's No. **8544**

Registration District No. **791**

Primary Registration District No. **1003**

NOV 16 1940

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

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town Saint Louis  
(c) Name of hospital or institution: 3821 Mc Ree Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME May M. Vella  
3. (b) If veteran, name war --  
3. (c) Social Security No. --

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

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 21 1898  
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 24  
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Coron Vella

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

14. Maiden name Maria E. Bailey

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

16. (a) Informant J. L. Christie

(b) Address 409 N. 8th Street

17. (a) Burial (b) Date thereof 10/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colorado Springs, Colo.

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington Blvd.

19. (a) OCT 16 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Date received by registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limit, write "RURAL")  
(d) Street No. 3821 Mc Ree  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th  
year 1940 hour 11 minute 40 AM

21. I hereby certify that I attended the deceased from April 3, 1940, to 10/15, 1940,  
that I last saw her alive on 10/14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocarditis (Chronic)  
Arteriosclerosis

Duration  
5 years  
8 years

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations None

Of autopsy None

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 J. J. Hennelly (M. D. or other) \_\_\_\_\_

Address 315 So. Grand Date signed 11/17/40

**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 *[Signature]*  
Licensed Embalmer No. 36'69  
P. O. Address 4469 Washington

**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.**