

Registration District No. 164

Primary Registration District No. 129

Registrar's No. 2098

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3531 Commonwealth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 1.

3. (a) PRINT FULL NAME Selma May

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence May 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 16, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 20 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Gustav Froese

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

14. Maiden name Minnie Delemann

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

16. (a) Informant Clarence May

(b) Address 3531 Commonwealth

17. (a) Burial (b) Date thereof 11-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) NOV 7 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3531 Commonwealth
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1940 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1932 to Nov 6, 1940.
that I last saw her alive on Nov. 6
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease
Due to arteriosclerosis
Due to Diabetic Mellitus

Other conditions 59
(Include pregnancy within 3 months of death)

Major findings: 59
Of operations
Of autopsy

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 Thos. A. Dill (M. D. or other) D.D.
Address 7346a Manchester Date signed 11/7/40

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

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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..... *H. Burgess*.....
Licensed Embalmer No..... *4029*.....
P. O. Address..... *Maplewood*.....

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

If this body is not embalmed, fact should be so stated above.