

261
S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22950**
Registrar's No. **6130**

FILED JUL 28 1942

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County None
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution St. Louis City Hospital
(d) Length of stay: In hospital or institution 3 Days
In this community Lifetime 59 Years

3. (a) PRINT FULL NAME Geneva May
(b) If veteran, name war None
(c) Social Security No None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adam May
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 4 1882
8. AGE: Years 59 Months 11 Days 13

9. Birthplace Jefferson County Missouri

10. Usual occupation At Home

11. Industry or business House wife

MOTHER FATHER
12. Name Joseph Metts
13. Birthplace Jefferson County Missouri
14. Maiden name Nora Miller
15. Birthplace Jefferson County Missouri

16. (a) Informant John Butzinger
(b) Address 4560 Alcott

17. (a) Burial (b) Date thereof 7/21/42
(c) Place: burial or cremation Antonio Missouri

18. (a) Signature of funeral director C. Hoffmeister U. & S. Co.
(b) Address 6464 Chippewa Street

19. (a) III 20 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County None
(c) City or town St. Louis
(d) Street No. 4560 Alcott
(e) Citizen of foreign country? No
If yes, name country None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17, year 1942 hour 9:55 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1942 to July 17, 1942, that I last saw her alive on July 17, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral thrombosis
Hypertensive heart disease
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations.....
Of autopsy Refused

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

While at work?.....
23. Signature Dom. Ellersen (M. D. or other)
Address 1515 Lafayette Ave. Date signed 7/28/42

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.....
.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No. *4089*

P. O. Address..... *6464 Chippewa*

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, fact should be so stated above.