. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26030

Registrar's No. 6256

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Geitner Cory Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5000 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma May

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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 21 (Day) 1873 (Year)

8. AGE: Years 69 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Gottlieb May
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Fricke
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Lulu Strele
(b) Address 3655 Wisconsin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wachs-Helderle Ut & Co.
(b) Address 3634 Gravois Ave.

19. (a) AUG 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

884

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1942 hour 7:05 minute a. M.

21. I hereby certify that I attended the deceased from July 11, 1942, to Aug 10, 1942
that I last saw her alive on Aug 9, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to Arteries Sclerosis	
Due to acute Dilatation of heart	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0

23. Signature C. O. Herchmaeder (M. D. ~~or other~~)

Address 5000 S. Broadway Date signed 8/10/42

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.