

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26032

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7399

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. Announced dead at
1453 Hamilton Ave. City Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0 (Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MATTHEWS J. MAY.

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

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

6. (b) Name of husband or wife. Ella G. May. 6. (c) Age of husband or wife if alive. Dec'd years

7. Birth date of deceased. December 22, 1867.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 9 hr. min.

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

10. Usual occupation. Laborer unemployed.

11. Industry or business _____

12. Name Matthew May.

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

14. Maiden name. Dont know.

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

16. (a) Informant. Miss Vina Aubuchon.

(b) Address. 2216 Leslie Ave.

17. (a) Burial (b) Date thereof. 9-4-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park Cemetery.

18. (a) Signature of funeral director. Geo. L. Pleitsch Inc.

(b) Address. 5966-68 Easton Ave.

19. (a) SEP 4 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 6
(c) City or town. St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1453 Hamilton Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st.
year 1942 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death. Carbolic Acid poisoning, self administered in his room at 1453a Hamilton Ave., on Aug. 31, 1942, exact time unknown.

Due to SUICIDE

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). Suicide

(b) Date of occurrence. 8-31-42

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

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

(Specify type of place) (e) Means of injury _____

23. Signature Thomas F. Callahan (Registrar's signature)

Address Deputy Coroner Date signed 9/4/42

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

MOTHER FATHER

2c

#F

544

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 3454

David T. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David T. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L.S.

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.