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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 29 1943

818

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 11316

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 days  
In this community 30 years  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL")  
(d) Street No. 3014 Sheridan (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME A. Maceo May

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife VEATER MAY 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased 12 - 22 - 1898  
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Russellville Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER  
12. Name Chales Isaac May  
13. Birthplace Russellville Ark.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mahilda Jamison  
15. Birthplace Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Jamison  
(b) Address 3845 Windsor Place

17. (a) Burial (b) Date thereof 12-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Peoples Ind. Co.  
(b) Address 3100 Franklin Ave

19. (a) DEC 18 1943 (b) J. F. ...  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13,  
year 1943 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from December 10, 1943 to December 13, 1943  
that I last saw him alive on December 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertension Unk.

Due to 82

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. F. ... (M. D. or other)  
Address 3014 Sheridan Date signed 12/16/43

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.....  
.....  
Licensed Embalmer No. *27184*  
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.**