S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13096

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4260

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1715
(If outside city or town limits, write "RURAL")
(d) Street No. 4324 Ellenwood Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Ethel Jane May
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elmer A. May
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec. (Month) 9th (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
56	4	29	hr. min.

9. Birthplace Hematite (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Morgan W. Perkins
13. Birthplace Vineland (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Mattie Webster
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Elmer A. May
(b) Address 4324 Ellenwood Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. King Highway
19. (a) MAY 8 1944 (Date received local registrar) (b) J. F. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1944 hour 12 minute 45A M.
21. I hereby certify that I attended the deceased from 5/5/44, 19__, to 5/8/44, 19__; that I last saw her alive on 5/7/44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	
Diabetes Mellitus	
Due to Left Hemiplegia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

55

Major findings:
Of operations None
Of autopsy None

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
23. Signature C. C. Drace Jr. (M. D.)
Address Mo. Pacific Hospital Date signed 5/8/44

(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 Richard W. Stoveraud

Licensed Embalmer No. 4007

P. O. Address.....

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.