V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39609

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 11078

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

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

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days) In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 24

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

(d) Street No.: 1120 N. Compton (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country:

3. (a) PRINT FULL NAME: Robert Lee Mays

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Sept (Month) 24th (Day) 1909 (Year)

8. AGE: Years 35 Months 2 Days 27 If less than one day hr. min.

9. Birthplace: Paducah (City, town, or county) Ky (State or foreign country)

10. Usual occupation: Cartoonist

11. Industry or business:

MOTHER FATHER

12. Name: Walter Mayes

13. Birthplace: Miss (City, town, or county) (State or foreign country)

14. Maiden name: Carrie Patton

15. Birthplace: Union City (City, town, or county) Tenn (State or foreign country)

16. (a) Informant: Carrie Mayes

(b) Address: 1009 N. Compton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: J. H. Randle & Son

(b) Address: 3133 Bell Ave

19. (a) DEC 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21, year 1944 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from November 21, 1944 to December 21, 1944 that I last saw him alive on December 21, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Prob. Nephritis	Unk.

107

acute

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:

23. Signature: J. J. Engren (M. D. or other)

Address: 2601 N. Wheelock Date signed 12/29/44

(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 L. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.