

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15000**
Registrar's No. **3366**

FILED APR 18 1946
318

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis Mo**

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

(c) Name of hospital or institution:
5444 Southwest Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME **Emma C May**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **August**

6. (c) Age of husband or wife if alive..... years
30 1870

7. Birth date of deceased **July 30 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	10	hr. _____ min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **at Home**

12. Name **Carl Rbert**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Spessingor**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mamie May**

(b) Address **5444 Southwest Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4 12 46**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Church Yard**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **4228 So. Kingshighway**

19. (a) **APR 12 1946** (Date received local registrar) **J. F. Bredeek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**

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

(d) Street No. **5444 So. West Ave**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10** year **1946** hour **5.08 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **APRIL 28 1946** to **APRIL 10 1946**
that I last saw her alive on **APRIL 8 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY HEART DISEASE** Duration 1 year

Due to **GENERAL ARTERIOSCLEROSIS** Many years

Due to **SENILITY** years

Other conditions **CEREBRAL ARTERIO-SCLEROSIS** 4 years

Major findings: Of operations **PH**

Of autopsy **PH**

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) (a) Means of injury **O.M.D.**

23. Signature **James H. Cunningham** (b) Address **444 N. Euclid** Date signed **4/10/46**

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..... *Edwin D Mc Dermott*

Licensed Embalmer No..... *3024*

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.