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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **6017**

**FILED** JUL 22 1946  
Registration District No. **318** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
24366

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis** City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Park Lane Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 Day** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Lima Ohio** County **Allen Co.**  
(b) City or town **Lima Ohio R.2**  
(If outside city or town limits, write "RURAL")  
(c) Street No. **R.2** (If rural, give location)  
(d) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lon Thomas May**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Cleo May**  
6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **April 22 1881**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65** **2** **14** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Dent Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Supt. in Foundry**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Thomas May**  
13. Birthplace **Boston Mass.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sahra Asher**  
15. Birthplace **Crowford Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cleo May**  
(b) Address **Lima Ohio R.2**

17. (a) **Burial** (b) Date thereof **July 10 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethelhem Cem.**

18. (a) Signature of funeral director **Diedrich F. Hauer**  
(b) Address **8319 Halls Ferry Rd.**

19. (a) **JUL 8 1946** (b) **J. F. Briscoe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **7**  
year **1946** hour **2 40** A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **July 1 - 46**  
\_\_\_\_\_, 19\_\_\_\_, to **July 7, 1946**  
that I last saw him alive on **July 6, 1946**, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cerebral Hemorrhage, Basilar ganglia, (RT Hemiplegia)**  
Due to **Arteriosclerosis - a. cereb.**  
**indefinite**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
**8211**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 **W. A. Wright** (M. D. or other) \_\_\_\_\_  
Address **4201 N Broadway** Date signed **7/8/46**

AUG 21 1951

**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

*John Agnoski*

Licensed Embalmer No. 3398

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.**