

FILED MAR 14 1947

7223  
State File No. 475  
Registrar's No.

Registration District No.

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
U.S. Marine Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community unknown  
years, months or days)

3. (a) PRINT FULL NAME Raymond H. May

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

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth May  
6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased March 27 1914  
(Month) (Day) (Year)

8. AGE: Years 32 Months 11 Days 5  
If less than one day hr. min.

9. Birthplace Noble Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Pilot

11. Industry or business M/V Tom Sawyer

MOTHER FATHER { 12. Name William May  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Lola Cores  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical records of  
(b) Address U.S. Marine Hospital, Kirkwood, Mo  
17. (a) Burial (b) Date thereof 3/5/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons  
(b) Address 3934 N. 20th St.  
19. (a) 3-5-47 (b) Ruth Allen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4049a North 25th St. (If rural, give location) 9  
(e) Citizen of foreign country? no (Yes or No) !  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd  
year 1947 hour 1:35 minute AM

21. I hereby certify that I attended the deceased from February 26th 1947, to March 2nd 1947, that I last saw him alive on March 1st 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 4 da.

Due to Rheumatic Heart disease, Aortic Stenosis Unknown

Due to 95%

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy same as above  
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) X  
(b) Date of occurrence X  
(c) Where did injury occur? X (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X  
While at work? X (Specify type of place) (e) Means of injury X

23. Signature J. L. James (M.D. or other) MSR  
Address U.S. MARINE HOSPITAL, KIRKWOOD, MO. Date signed 3/3/47

St. Surgeon, Med. Co. 47 1947  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 26 1942

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. A. Smathers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.