S. No. 2
M 1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14942

FILED APR 30 1948
Registration District No.

Primary Registration District No. 6076

Registrar's No. 985

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10,607 Wurdack Avenue
(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: 7 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Overland
(If outside city or town limits, write "RURAL")
(d) Street No.: 10,607 Wurdack Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mathilda E. May
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Melvin F
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: March (Month) 9 (Day) 1903 (Year)

8. AGE: Years 45 | Months 1 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace: Esat Alton (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: John Ernest
13. Birthplace: Ill. (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Theresa Mispagel
15. Birthplace: St. Charles (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Melvin F. May
(b) Address: 10,607 Wurdack Ave-Overland-14-Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-19-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Lebanon Cemetery
18. (a) Signature of funeral director: Bauman Brothers Inc
(b) Address: 2504-Woodson Rd-Overland-14-Mo.
19. (a) 4-17-48 (Date received local registrar) (b) Earl A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 12 minute 10 A. M.
21. I hereby certify that I attended the deceased from Mar. 15-48, 1948, to Apr. 16, 1948, that I last saw her alive on April 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung with Metastasis	
Due to:	6 Mo.
Due to:	
Other conditions: (Include pregnancy within 3 months of death) 47d	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause of 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) (e) Means of injury: —
23. Signature: J. L. Finley M.D. (M. D. or other)
Address: 922 Midland Date signed: 4-16-48

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

Jefferson City Printing Co.
(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 3454

..... Registered Apprentice No. .....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, Mo.

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.