

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7045

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Malcom Elias Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sidney S. May

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife Emma H. May 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased September 23rd, 1871
(Month) (Day) (Year)

-8- AGE: Years Months Days If less than one day
76 10 16hr.min.

9. Birthplace Wentzville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Labor Journal

12. Name Charles P. May

13. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Woods

15. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Glen M. Poe

(b) Address 1512 N. Hancock, Arlington, Va.

17. (a) Cremation (b) Date thereof 8/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel of Memories

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd., 15.

19. (a) AUG 11 1948 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5140 Minerva Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1948 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cardia Hypertrophy
Oedema of Brain
Bilateral Hydrocephalus
tox

Other conditions.....
(Include pregnancy within 3 months of death)

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?.....
(Specify type of place) (Specify means of injury)

23. St. Louis (M. D. or other) 8/11/48
Address..... Date signed.....

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

Ralph E. Linder

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, 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.