

Health,
& Welfare,
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030739
STATE FILE NUMBER
REGISTRAR'S NO. 8254

FILED SEP 8 1958 Registration District No. 318 Primary Registration District No. 1003

5. 300
1-57
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL St. Louis City Hospital # 1		d. STREET ADDRESS (If outside, give location) 4171 ⁰ CONNECTICUT	

3. NAME OF DECEASED (Type or print) Margaret B. May			4. DATE OF DEATH Month 8/ Day 23/ Year 58		
---	--	--	--	--	--

5. SEX F. 1	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-6-1878	9. AGE (In years last birthday) 80	F UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-------------	---------------------	--	---------------------------	------------------------------------	----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) BARIAN, MO. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	-------------------------------------

13a. FATHER'S NAME UNKNOWN BLESSINGTON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE LATE THOMAS MAY
--	-----------------------------------	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. 494-01-0468D	17. INFORMANT Address RUTH CLARK 4171A CONNECTICUT
---	--------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple pyogenic abscesses		INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 692.6 DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	---	--	---

21. I attended the deceased from 7/15/58 to 8/23/58 and last saw her/him alive on 8/23/58 Death occurred at 4:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Jean A. Chapman, M.D.	22b. ADDRESS 1515 Lafayette	22c. DATE SIGNED 8/23/58
--	-----------------------------	--------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-26-58	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS, MO
--	-------------------	---	--

24. FUNERAL DIRECTOR ADDRESS KRIEGSHAUSER 4228 SKINGSHIGHWAY	25. DATE RECD. BY LOCAL REG. AUG 25 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.
--	---	--

(Licensed Emballer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Richard W. Stovesand*

Licensed Embalmer No. *4007*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.