URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042233

FILED VS NOV 1 9 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210304

MENDED

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 | Length of stay in 1b

c. CITY OR TOWN St. Louis | Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4242 Botanical Ave. | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4242 Botanical Ave. | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LEONARD Middle D. Last MAY

4. DATE OF DEATH Month Nov. Day 8 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-15-1881

9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk(Retired)Railway

10b. KIND OF BUSINESS OR INDUSTRY Express Co.

11. BIRTHPLACE (City and state or country) Maytown, Kentucky

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Elijah Blair May

13b. MOTHER'S MAIDEN NAME America Unknown

14. NAME OF HUSBAND OR WIFE Eleanor L. May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 714-14-6851

17. INFORMANT Eleanor L. May Address 4242 Botanical Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion acute | INTERVAL BETWEEN ONSET AND DEATH 40 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Gen. arteriosclerosis | inlet

DUE TO (c) 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 1959, to 11/8/59 and last saw her him alive on 11/7/59

Death occurred at 10:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] | 22b. ADDRESS 3715 Watson | 22c. DATE SIGNED 11/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Nov.10,1959

23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S.Kingshighway

25. DATE RECD. BY LOCAL REG. NOV 9 1959

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MJB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William B. White

Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 Do Kingsl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.