. No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26998

Registration District No. AUG SEP 25 1940 791

Primary Registration District No. 1003

Registrar's No. 6894

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3906 Folsom Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas May Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. 497-01-0955

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 27th (Day) 1915 (Year)

8. AGE: Years 25 Months 5 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Warehouse clerk

11. Industry or business National Lead Co.

FATHER
12. Name Thomas J. May
13. Birthplace Edina (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Margaret Blessington
15. Birthplace Edina (City, town, or county) Mo. (State or foreign country)

16. (a) Informant John T. May
(b) Address 2400 Lucas & Hunt Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 14 1940 (Date received local registrar) (b) J. F. Kredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14th year 1940 hour 4:30 A.M. minute M.

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

Immediate cause of death Septic Bronchi Pneumonia following infected fractures of Bolt Femur, suffered when Plymouth Coupe Driven by one Paul Arnold Struck Trolley Pole at Hyde and High Ave Maplewood Mo about 2:00 AM

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Oct 28-1939

Of autopsy Accident

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) Accident
(b) Date of occurrence Oct 28-1939
(c) Where did injury occur? Maplewood Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph M. Quinn (M. D. or other)
Address Deputy Coroner Date signed

(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.....

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

working under my personal supervision.

Signed Edwin D. McDermott

Licensed Embalmer No. 3024

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 this body is not embalmed, fact should be so stated above.