

Registration District No. **791**

Primary Registration District No. **1003**

FILED DEC 11 1940

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 St. Luke's Hospital St. Louis
(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 Missouri (b) County _____

(c) City or town St Louis **21**
(If outside city or town limits, write "RURAL")

(d) Street No. 2619 Dickson St
(If rural, give location)

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

3. (a) PRINT FULL NAME Willis Mays

3. (b) If veteran, name war _____

3. (c) Social Security No. 499 014802

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 31 year 1940 hour 9:30 minute _____

21. I hereby certify that I attended the deceased from Dec 10-30 to Oct 31, 1940 that I last saw him alive on Oct 31 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Fannie Mays

6. (c) Age of husband or wife if alive 69 years 5 years 1877

7. Birth date of deceased March
(Month) (Day) (Year)

Immediate cause of death Asthenia

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

Due to Kidney + Urinary conditions

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

Major findings: nitral regeneration

9. Birthplace Shelby County
(City, town, or county) (State or foreign country)

10. Usual occupation Sewer Worker

11. Industry or business _____

MOTHER FATHER { 12. Name Willis Mays

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

Of operations _____

Of autopsy 131

Underline the cause to which death should be charged statistically.

16. (a) Informant Fannie Mays

(b) Address 2619 Dickson St

17. (a) Burial 11/4/40
(Burial, cremation, or removal) (Date thereof)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director Pinhook Toney

(b) Address 3129 Lucas Ave

19. (a) NOV 2 1940 (b) J. B. ...
(Date received local registrar) (Registrar's Signature)

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. B. ... (M. D. or other) _____
Address 2619 Dickson Date signed Nov 1940

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St Louis

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.