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5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

159  
State File No. 159  
Registrar's No.

FILED FEB 25 1941  
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5877 NINA PLACE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community about 50 years  
years, months or days)

3. (a) PRINT FULL NAME David F. May.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose Tussner 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec 23 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 0 14 hr. min.

9. Birthplace New York State  
(City, town, or county) (State or foreign country)

10. Usual occupation fuel salesman

11. Industry or business coal & oil

12. Name Ferdinand May

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

14. Maiden name Elise Loeb

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

16. (a) Informant J. F. Friede

(b) Address 5877 Nina Pl.

17. (a) burial (b) Date thereof 1/8/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director W. Mayer

(b) Address 4356 Lindell Blvd. 844

19. (a) JAN 8 1941 (b) J. F. Friede  
(Date of registration) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis 517  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 5877 Nina Pl. (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? about 55 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6  
year 1941 hour 3:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov., 1938  
19, to Jan. 6, 1941,  
that I last saw him alive on Jan. 4, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration Immediate

Due to Arteriosclerotic cardio-vascular disease (2 yrs)

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

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) \_\_\_\_\_  
(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)  
(b) Means of injury fall

23. Signature Peter J. Mahole (M. D. or other)  
Address 462 N. Taylor Ave. Date signed 1/7/41

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**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.....

*J. B. Sullivan*

Licensed Embalmer No. *1128*

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.**