

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21414

State File No.

318

1003

5314

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 5314		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Scott Field</u>		999 11 0 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>N.P.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Boy</u> c. (Last) <u>May</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 '49</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>6-15-49</u>		
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Scott Field, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>	
13a. FATHER'S NAME <u>James P. May</u>			13b. MOTHER'S MAIDEN NAME <u>Marionie Sondage</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James May</u> ADDRESS <u>Scott 97B Ill.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>157</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>757</u>				
22. I hereby certify that I attended the deceased from <u>6-17</u> , 19 <u>49</u> , to <u>6-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-18</u> , 19 <u>49</u> , and that death occurred at <u>7:15 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Klingberg</u> (Degree or title) <u>MD</u>				23b. ADDRESS _____		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Watco</u>		24d. LOCATION (City, town, or county) (State) <u>Watco Illinois</u>		
DATE REC'D BY LOCAL REG. <u>JUN 20 1949</u>			REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emil Quenheim</u> ADDRESS <u>Waterloo Ill.</u>			

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

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

Student Embalmer No. _____

working under my personal supervision.

Signed

Ben. H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No.

2420

P. O. Address

E. 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.