

FILED DEC 27 1949

STANDARD CERTIFICATE OF DEATH

42757

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 16846

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <u>808 So. 17th St.</u> (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Inf.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julius</u>	b. (Middle)	c. (Last) <u>May</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>12</u> <u>15</u> <u>1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/16/1887</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>62</u> <u>7</u> <u>29</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George May</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Struett Francis Holland</u>	14. NAME OF HUSBAND OR WIFE <u>Viola</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Viola May</u>	ADDRESS <u>308 So. 17th St.</u>
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18. CAUSE OF DEATH (State only the cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subtotal Gastrectomy</u> DUE TO (c)		<u>12/7 to</u> <u>12-15-49</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>12/14/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ulcer of Duodenum</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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>1949</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>54-10</u>
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22. I hereby certify that I attended the deceased from 12-7, 1949, to 12-15, 1949 that I last saw the deceased alive on 12/15, 1949, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Hecker</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1421 Kansas</u>	23c. DATE SIGNED <u>12/16/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Centerville St. Clair Ill</u>
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DATE REC'D BY LOCAL REG. <u>DEC 17 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Rasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McGowan</u>	ADDRESS <u>3517 Spauld</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edgar H Green
Licensed Embalmer No. 4521

P. O. Address 2517 Laclède

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.

State of Illinois }
County of St. Clair } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 42757
Local Registrar's No. 10846

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of January, 1950, before me appears Viola
May, who upon her oath, states that the original record of ~~birth~~ death
for Julius May, ~~dise~~ died 12-15-1949, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2d should read 808 S. 17th Street

Instead of.....

Item No. 8 should read April 16-1887

Instead of..... April 16-1896

Item No. 9 should read Age 62

Instead of..... Age 63

Item No. 13b should read Mary Struyps

Instead of..... Frances Rolland

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Viola May Wipe Relationship.

808 So. 17th St.
Present Address St. Louis, Ill

Subscribed and sworn to before me this 27th day of January, 1950.

My Commission expires 5/9/57 Gertrude A. Green Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1987. 12 11

1987. 4-16

12-9-87