

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11993**
Registrar's No. **3123**

FILED APR 4 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			d. STREET ADDRESS (If rural, give location) 603 North 14th		
3. NAME OF DECEASED (Type or Print) a. (First) Maud		b. (Middle) Lane		c. (Last) May	
4. DATE OF DEATH (Month) (Day) (Year) March 22, 1953		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH March 14, 1918		9. AGE (In years last birthday) 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Moweaqua, Ill	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Ernest May		13b. MOTHER'S MAIDEN NAME Lou Lane	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-12-4056	
17. INFORMANT'S SIGNATURE OR NAME Lou May		ADDRESS East St. Louis, Ill		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple cerebral emboli		INTERVAL BETWEEN ONSET AND DEATH _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease		DUE TO (c) _____		19a. DATE OF OPERATION 3-21-53	
19b. MAJOR FINDINGS OF OPERATION Valvular heart disease		20. AUTOPSY? YES <input checked="" 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		21f. HOW DID INJURY OCCUR? 414 X		22. I hereby certify that I attended the deceased from 3-16 , 1953, to 3-22 , 1953, that I last saw the deceased alive on 3-22 , 1953, and that death occurred at 3:05 A.m. , from the causes and on the date stated above.	
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) Assoc. Dir.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 3-22-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 25, 1953	
24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Ill		24d. LOCATION (City, town, or county) (State) East St. Louis, Ill		DATE REC'D BY LOCAL REG. MAR 23 1953	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Ill East St. Louis,	

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

Chas Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.