

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *City Hospital # 2*)

File No. **26664**
Registered No. **6836**
St. Ward)

2. FULL NAME

(a) Residence, No. *His permanent place of abode* Ward.....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 23, 1908*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
26 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*

13. NAME *Ann Peterson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

15. MAIDEN NAME *Sallie Thompson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas*

17. INFORMANT (ADDRESS) *Sallie Thompson*
723 N 22nd

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Pk* DATE *9/1/1934*

19. UNDERTAKER (ADDRESS) *R. M. G. Green*
3517 Washington Ave

20. FILED *12 13 1934* *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at *10:00 a.m.*

The principal cause of death and related causes of importance were as follows:
173

*Gunshot wound of chest
penetration of heart
Cerebral contusion caused
by bullet fired from*

Other contributory causes of importance:

*gun in the hands of Police
officer in the performance
of his duties at St. Louis, Mo.*

Name of operation *justifiable homicide* Date of
What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Yes* Date of injury *7/5, 1934*

Where did injury occur? *St. Louis, Mo*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury *Shot by Police Officer*
Nature of injury *Gunshot wound of chest*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) *J. Brebeck*
(Address) *St. Louis, Mo*

7/19/34

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AUG 15 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

