DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33995 8533

REC'D NOV 13 1939 791

Registration District No. 1903 Primary Registration District No. Registrar's No.

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: Enroute to Homer Phillip Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 4

(d) Street No. 3238 Olive St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Rose 203

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ottly Rose

6. (c) Age of husband or wife if alive 22 yrs years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 24 Months Days If less than one day hr. min.

9. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business unknown

FATHER 12. Name Frank Rose

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

MOTHER 14. Maiden name Evelyn Kellon

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

16. (a) Informant's own signature Ottly Rose

(b) Address 2124 Gratiot Street

17. (a) Greenwood (Burial, cremation, or removal) (b) Date thereof Oct 5th 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director A. L. Beal Und. Co.

(b) Address 2726 Lucas Ave

19. (a) OCT 5 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th, year 1939 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhage due to Stab Puncture

Due to Stab wound of chest and Laceration of Lung with a Spanish Gun

Due to The Hands of Ottley Rose (Col) at Cor Vashon Negro School

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations about 5 P.M. Sept 28-1939

Of autopsy Justifiable Homicide

Duration

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) Just Homicide

(b) Date of occurrence Sept-28-1939

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work (e) Means of injury

23. Signature Joseph M. Luer (M.D. or other)

Address Dept of Corner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19511

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 Burdel Deal Anderson

Licensed Embalmer No. 2929

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, above space should be left blank.