23 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37111

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1860

1. PLACE OF DEATH: NOV 9 1939
(a) County St. Louis
(b) City or town Claytond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Valley Park Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. River Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John A Proctor 623
3. (b) If veteran, name war ____
3. (c) Social Security No. 410 01 5011
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March (Month) 21 (Day) 1912 (Year)

8. AGE: Years 27 Months 7 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Tennessee (City, town, or county) ____ (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ____
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) ____ (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ____ (State or foreign country)
16. (a) Informant's own signature Lela Jones
(b) Address River Driver Valley Park
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/39 Mo (Month) (Day) (Year)
(c) Place: burial or cremation Nashville, Tennessee
18. (a) Signature of funeral director Louis H Bopp
(b) Address 131W Argonne Dr Kirkwood Mo
19. (a) OCT 23 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1939 hour 8 minute P 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.

	Duration
Immediate cause of death	
Homocide by firearms (revolver)	
Due to	10/21/39
Due to	
Gunshot wound of the back.	
Other conditions Hemorrhage into peritoneal cavity. (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homocide
(b) Date of occurrence Oct 21, 1939
(c) Where did injury occur? Kirkwood, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home (Specify type of place)
While at work? no (e) Means of injury gunshot
23. Signature John [signature] (M. D. or other)
Address Coroner of St. Louis County, Mo. Date signed 4

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Louis H Boff, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Boff

Licensed Embalmer No. 221

P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.