

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.

JAN 12 1940

791

Registration District No. 2000

Primary Registration District No. _____

Registrar's No. 10532

1. PLACE OF DEATH

(a) County St. Louis 3

(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 Route Homer Gullley's
(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 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis Mo 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2217 Franklin Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Pauline Cunningham 552

8. (b) If veteran, _____ (c) Social Security name war _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1939 hour _____ minute 45 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race Cal.

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

6. (b) Name of husband or wife Schwester 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12 1909
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above

Immediate cause of death External hemorrhage from shot wound Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>4</u>	<u>26</u>	hr. _____ min. _____

Due to of facial endo-life am

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

Due to suffered when shot with shot in hands of one Pine Farm etc

10. Usual occupation Domestic

Other conditions in home at 2217 W(Ram) Franklin
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Dec. 7-1939

12. Name William Nelson 1721

Of operations shot 14 A.M.

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

Of autopsy Homicide

14. Maiden name Pauline Williams

Underline the cause to which death should be charged statistically

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

16. (a) Informant's own signature Virginia Williams

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide

(b) Address 2733 1/2 Hamble st.

(b) Date of occurrence 12/7/39

17. (a) BURIAL (b) Date thereof 12-12-39
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Father Dickson

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

18. (a) Signature of funeral director Ellis Funeral Home

While at work? _____ (Specify type of place) (b) Means of injury Shot

(b) Address 2733 1/2 Hamble st.

23. Signature Joseph M. [unclear] (M. D. or other)

19. (a) DEC 8 1939 (b) _____
(Date received local registrar) (Signature)

Address Deputy Coroner

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 *L. Boy*
....., Registered Apprentice No. *myself*
working under my personal supervision.

Signed

Lennie Beckin

Licensed Embalmer No. *2946*

P. O. Address *St. Louis 97*

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.