

JAN 22 1940

791
1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County St. Louis 2
(b) City or town _____
(c) Name of hospital or institution: 2220 near Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Essie Rice Williams 1152

3. (b) If veteran, name war _____ 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 18, 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Labo

11. Industry or business Factory

12. Name Simon Rice

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

14. Maiden name Callie Ingram

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

16. (a) Informant's own signature Laura Bass

(b) Address 2849 Delmar

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof Dec 23/39
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin Ave

19. (a) DEC 21 1939
(Date of local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2222 1/2 near Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1939 hour 7 minute _____ P. M.

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

Immediate cause of death Gunshot wound of brain gunshot fracture of skull, Gunshot wound right side of neck, right forearm and back, suffered when shot with gun in the hands of one, Ernest Williams, (Col) in room at 2220 Rear Franklin, about 7.00 P.M. December 16th, 1939. HOMICIDE.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) Homicide

(b) Date of occurrence 12/16.39

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

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

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

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

Address Deputy Coroner

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin Ave

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.