No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26788

FILED SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6684

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution in Route to city Hospital 3 (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 abt 8 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town St. Louis 18 (If outside city or town limits, write "RURAL")

(d) Street No. 3035 Lassalle (If rural, give location)

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

3. (a) PRINT FULL NAME James Traylor 646

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Mary Lee Traylor

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Jan (Month) 1 (Day) 1917 (Year)

8. AGE: Years 23 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business Leovie Coal Co

FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Love
15. Birthplace Pine Bluff (City, town, or county) (State or foreign country)

16. (a) Informant Mary Traylor

(b) Address 3035 La Salle

17. (a) Bral (Burial, cremation, or removal) (b) Date thereof 8-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Ark.

18. (a) Signature of funeral director C. Yarning

(b) Address 3620 Lynton Blvd

19. (a) AUG 6 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th year 1940 hour 2:00 minute 07 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 Internal hemorrhage from gunshot wound of heart aorta and both lungs

Due to suffered when shot with gun in hands of one Eddie Brown

Due to home at 3035 La Salle Ave about 2:07 AM Aug 4 1940

Duration

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 Aug 4 1940

(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 (Specify type of place)

While at work? No (e) Means of injury Gun Shot Wound

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 8/6/40

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Signed: Clark Mr[illegible]

Licensed Embalmer No. 33718

P. O. Address St Louis

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

If this body is not embalmed, fact should be so stated above.