

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 861

PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Horner G. Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Hour
 (Specify whether
 In this community _____
 years, months or days) 1 Hour

8. (a) PRINT FULL NAME David Oliver3. (b) If veteran, name war no 8. (c) Social Security No. no4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced. Div6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years7. Birth date of deceased Nov. 29 1900
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
29 10 17 hr. no min.9. Birthplace Morganfield Ky.
(City, town, or county) (State or foreign country)10. Usual occupation Butler11. Industry or business Dr. Lee Dorsey12. Name Jodie Oliver18. Birthplace Morganfield Ky.
(City, town, or county) (State or foreign country)14. Maiden name Minnie Davis15. Birthplace Morganfield Ky.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jodie O. Oliver
(b) Address Morganfield Ky.17. (a) Removal (b) Date thereof 10-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Morganfield Ky.18. (a) Signature of funeral director C. J. Nash
(b) Address 3847 Page Ave.19. (a) OCT 20 1940 (b) J. F. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Webster Groves Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 227 So. Maple Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 1940 hour 3 minute 30 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 Hemorrhage from gunshot wound of left lung, self inflicted at 4005 Westminster Place, about 2:00 P.M., October 16, 1940.
Due to _____Due to SUICIDE.Other conditions (Include pregnancy within 9 months of death) HM

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) Suicide(b) Date of occurrence 10-16-1940(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? HomeWhile at work (Specify type of place) _____
(or) Means of injury _____28. Signature Clifford Perry (M. D. or other) _____Address Clifford Perry Date signed 10/16/40

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.....

C. G. Nash

Licensed Embalmer No. *2432*

P. O. Address *3847 Paige 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.