

No. 2
4-13-40
-17-39
X2315

APR 21 1941 791

Registration District No. Primary Registration District No. Registrar's No. 2116

1. 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:
Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 20
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 000
(d) Street No. 2711 Baldwin St.
(If rural, give location) 17
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Willie Odey
3. (b) If veteran, name war World War 3. (c) Social Security No.....

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Thelma Odey 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Oct. 19, 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days If less than one day
about hr. min.

9. Birthplace Chain of Rocks Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....
12. Name Chris Odey
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Shipp
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Odey
(b) Address 2711 Baldwin
17. (a) Burial (b) Date thereof 3/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) MAR 6 1941 (b) J. T. Brudick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 2
year 1941 hour 8 minute 05 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 Splenic hemorrhage from numerous lacerations of face and head inflicted by the handle of one Robbin's tool in yard of 1233 No 9th St. about 10:00 PM Mar 1 1941
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) None
(b) Date of occurrence May 21st, 1941
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? at home (Specify type of place) (City or town) (County) (State)
23. Signature W. H. Perry (M. D. or other)
Address 2711 Baldwin St. Date signed 3/6/41

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

00
17
9

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 *Joel Russell*

Licensed Embalmer No. *412*

P. O. Address.....

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, fact should be so stated above.