

FILED JUN 10 1942-791

Registrar's No. 4700

Registration District No. 791

Primary Registration District No. 1003

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: Homes to Phyllis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 24 hr.
(Specify whether

In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward Saylor

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

4. Sex male 5. Color or race col 6. (a) Single, widowed, married married
divorced _____

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

7. Birth date of deceased Oct 1916
(Month) (Day) (Year)

8. AGE: Years 26 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name unknown

13. Birthplace unknown 9/16
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9/1
(City, town, or county) (State or foreign country)

16. (a) Informant James P. Peterson

(b) Address 1306 Clark

17. interred (b) Date thereof 5-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director W. R. Ruffin
(b) Address 3500 Ruffin St

19. (a) MAY 25 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis 721
(If outside city or town limits, write "RURAL")
(d) Street No. 617 No. Leffingwell
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29
year 1942 hour _____ minute 05 P.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 bullet wounds of left lung and spleen inflicted by the hands of one Willis Robinson, alias 'Red' King
Due to fall on a lat located at 2314 Wilmore Blvd about 4:00 @ 4:00 P.M. April 29 1942
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 29 1942
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 April 29 1942
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? No (Specify type of place) (e) Means of injury gun shot

23. Signature Alfred J. Perry (M. D. or other) _____
Address St. Louis Date signed 5/13/42

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

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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.....

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.