

LED SEP 3 1943 318

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7581

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME JACK LEE MYERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-20-7196

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

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

7. Birth date of deceased May 9, 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 3 13 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Unemployed

12. Name Fred Myers

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

14. Maiden name Pauline Pennington

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

16. (a) Informant Fred Myers

(b) Address 4133 Juneteenth

17. (a) Burial (b) Date thereof Aug 22, 1943
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation St. Charles

18. (a) Signature of funeral director J. F. Bradeck

(b) Address 13891 Grand Ave

19. (a) AUG 24 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 4133 Juneteenth
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1943 hour 9:15 minute _____ A.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 spinal cord inflicted at the hands of Police officers in the performance of his duty in front of 6415 Chippewa St. about 5:20 PM 8-20-43

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

Major findings: Of operations 166

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 8-20-43

(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?
Public Place

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

23. Signature Thomas R. Callaway (M.D. or other) _____

Address County Curran Date signed 8-24-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 2nd St. N. W.*

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.