

S. No. 2
M-5-43
v. 5-17-39
P 1 X34671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29734

State File No.

FILED SEP 18 1944 318

Registration District No. Primary Registration District No. 1003

Registrar's No. 7493

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 S. Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 2516a Glasgow
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Robert Proudie
 3. (b) If veteran, name war..... 3. (c) Social Security No. 494-03-9604

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife.....
Ella Proudie
 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased..... Sept. 18 1901
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>11</u>	<u>8</u>	hr. min.

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

10. Usual occupation..... Truck Driver

11. Industry or business.....

MOTHER FATHER {
 12. Name..... Robert Proudie
 13. Birthplace..... Clarksville Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Dora Scott
 15. Birthplace..... St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Russell Unidt
 (b) Address..... 3130th Evans Ave
 17. (a) Burial (b) Date thereof..... Sept. 1, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Jefferson Barracks Cem.

18. (a) Signature of funeral director..... Russell Unidt, Co.
 (b) Address..... 2732 Pine Street
 19. (a) AUG 20 1944 (b) J. F. Bredeck
 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
 year 1944 hour 3:45 minute 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.....
External Hemorrhage from Raceration of Left Artery Inducted with Knife
Due to int. the hands of one Frances Martin et al in the home
Due to around 6:30 Pm 8-25-44

Other conditions..... (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....
 167

22. If death was due to external causes, fill in the following:
 (a) "Accident, suicide, or homicide (specify)..... Homicide
 (b) Date of occurrence..... 8-25-44
 (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?
Home (Specify type of place)
 While at work?..... (c) Means of injury.....
 23. Signature..... Alfred J. Perry (M. D. or other)
 Address..... Deputy Coroner Date signed..... 8-22-44

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

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. *4112*

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.