

FILED MAY 9 1946  
318

Primary Registration District No. 1003

Registrar's No. 3843

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: Pronounced dead by City Hosp.  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution NONE (Specify whether  
In this community LIFE years, months or days)

3. (a) PRINT FULL NAME NEAL R. COURTNEY

3. (b) If veteran, name war NO 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SOPHIA COURTNEY 6. (c) Age of husband or wife 34 years  
7. Birth date of deceased OCT. 8<sup>TH</sup> 1909  
(Month) (Day) (Year)

8. AGE: Years 36 Months 6 Days 18 If less than one day hr. min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation POLICE OFFICER

11. Industry or business METROPOLITAN POLICE DEP.

12. Name THOMAS P. COURTNEY

13. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

14. Maiden name NORA MURPHY

15. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophia Courtney

(b) Address 5933 Lucille Ave

17. (a) BURIAL (b) Date thereof APR. 29 = 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland and Co

(b) Address 1827 Hogan STR.

19. (a) APR 27 1946 (b) J. F. Brodeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

MISSOURI (a) State (b) County 000  
(c) City or town ST. LOUIS 7/7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5933 LUCILLE AV. 9  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26<sup>TH</sup>  
year 1946 hour 5 minute 21 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 laceration of left external carotid artery and left external jugular vein inflicted with knife in the hand of one George Reiber Case while having the scene of a altercation operating a taxi cab at 1507 7th Broadway around 5:20 PM April 26, 1946  
Other conditions Homicide  
(Include pregnancy within 3 months of death)

Major findings of operations Police officer  
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 26 1946

(c) Where did injury occur 21 Jones mo  
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place?  
Y Suburban  
(Specify type of place)

While at work? Y (c) Means of injury a above

23. Signature Arthur E. Taylor (M. D. or other)

Date signed 4/26/46

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

13513

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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..... *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.**