

No. 2
5-17-39
X3687

FILED NOW 9 1946
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County Saint Louis MO

(b) City or town Saint Louis MO

(c) Name of hospital or institution: Enroute to HOMER G. PHILLIPS HOSPITAL
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3
(Specify whether)

In this community 14 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County St. Louis

(c) City or town Saint Louis MO
(If outside city or town limits, write "RURAL")

Street No. 700 N. 23rd
(If rural, give location)

(e) Citizen of foreign country? No
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LEWIS SULLIVAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M-2

5. Color or race Negro

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 Apr 14 1913
(Month) (Day) (Year)

8. AGE: Years 33 Months Apr 14 Days 14
If less than one day hr. min.

9. Birthplace TENN-1
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business _____

12. Name James Sullivan

13. Birthplace Miss-1
(City, town, or county) (State or foreign country)

14. Maiden name Rose Dargalass

15. Birthplace TENN 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie J. Jackson

(b) Address 2809 A E. Eaton

17. (a) Burial (b) Date thereof 10/25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union City Tenn.

18. (a) Signature of funeral director W. J. Bredeek

(b) Address W. J. Bredeek

19. (a) OCT 23 1946 (b) J. J. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1946 hour 3 minute 17 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 Hemorrhage from gunshot wound of left subclavian artery inflicted with gun in the hands of one James Garvey (son) in the home 700 N. 23rd Street around 3:15 P.M. Oct. 16 1946

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

Major findings: 166

Of operations _____

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 Oct 16 1946

(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?
John Street

While at work _____ (Specify type of place)

(e) Means of injury and

23. Signature Batrick E. Taylor D. or other 3

Address Wey. Co. Date signed 1946

Duration

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.....

J.A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.