

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14754
Registrar's No. 3493

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. 1003		Registrar's No. 3493									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) _____				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips				11. STREET ADDRESS (If rural, give location) 3939 Cote Brillante Ave											
3. NAME OF DECEASED (Type or Print) Leroy			a. (First)		b. (Middle)		c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) Apr. 11, 1951						
5. SEX MALE		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Apr. 12, 1924		9. AGE (If years last birthday) 26		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) St. Louis, Mo				12. CITIZEN OF WHAT COUNTRY? U			
13a. FATHER'S NAME War Smith				13b. MOTHER'S MAIDEN NAME Georgie Snider				14. NAME OF HUSBAND OR WIFE Dorothy Smith							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give war or dates of service) W.W.I.				16. SOCIAL SECURITY NO. 499-12-7901				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Smith 3939 Cote Brillante							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wounds of left lung and abdomen suffered about 10:10 pm April 10 1951 in the vicinity of Garrison & Olive Sts., which caused attempted to hold up one Celestine Schubmayer, a member of the Metropolitan Police Dept. who was driving car west on Olive at time Justifiable homicide								INTERVAL BETWEEN ONSET AND DEATH _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death													
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SURROUNDINGS Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Apr 10 51 10:10 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR E984X											
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:37 A.M., from the causes and on the date stated above.															
22a. SIGNATURE Joseph J. Sussner 3 Deputy Registrar				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 4/14/51							
22d. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22e. DATE 4-16-51		22f. NAME OF CEMETERY OR CREMATORY National Cemetery		22g. LOCATION (City, town, or county) (State) Jefferson Barrack. MO									
DATE REC'D BY LOCAL REG. APR 14 1951		REGISTRAR'S SIGNATURE J. B. Sussner				25. FUNERAL DIRECTOR'S SIGNATURE English Und. Co		ADDRESS 2931 Lucas							

WRITE PLAINLY—USING UNFADING 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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Burleson English*

Signed.....
Student Embalmer

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas Ave*

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.