

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009307

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1887 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FEB 28 1963

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| Length of stay in 1b <u>15 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>1419 Papin</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lula Mae Ross</u> | | 4. DATE OF DEATH Month Day Year <u>2 18 63</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/3/28</u> |
| 9. AGE (last birthday) <u>34 yrs</u> | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>kitchen helper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u> | 11. BIRTHPLACE (City and state or country) <u>Blackoak, Ark.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | | 13a. FATHER'S NAME <u>Robert Ross</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Ethel Mc Callan</u> | | 14. NAME OF HUSBAND OR WIFE <u>N I L</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>408</u> | |
| 17. INFORMANT <u>Robert Ross 1404 Papin</u> | | 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>traumatic intra-cranial hemorrhage (contus.)</u> DUE TO (b) <u>gun shot wound of skull + brain, suffered when shot with rifle in hands of one Willie Brown in home at 1419 a Papin about 12:10 AM February 18 1963.</u> DUE TO (c) <u>1/18/63</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>981X Homicide</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>see above</u> | |
| 20c. TIME OF INJURY Hour a.m. p.m. <u>12:10 p.m.</u> | | Month, Day, Year <u>2-18-63</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>St Louis, Mo</u> | | COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <u>3:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Paul J. Linnon Deputy Coroner</u> | | 22b. ADDRESS <u>1303 Clark</u> | |
| 22c. DATE SIGNED <u>2/20/63</u> | | 22d. (Stamp) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>2/25/63</u> | |
| 23c. NAME OF CEMETERY <u>Oakdale</u> | | 23d. LOCATION (City, town, or county) <u>ST. Louis Co. Mo.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Anderson 4481 Finney Ave.</u> | | 25. DATE RECD. BY LOCAL REG. <u>FEB 20 1963</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Head Smith, M.D.</u> | | | |

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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John L. Cunningham
Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.