

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32619
Do not use this space.

OCT 14 1937
1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
(b) Township St. Louis Mo Primary Registration District No. 1003
(c) City St. Louis Mo (d) Street No. Homer Phillips Registered No. 8623
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Salvador Leaver

(a) Residence, No. 1233 N. Harrison St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 1906
7. AGE YEARS 31 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. common
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Peter Nicholas

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE Sept 16

19. FUNERAL DIRECTOR (ADDRESS) James W. Jones

20. FILED SEP 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:21 P. M.

The principal cause of death and related causes of importance were as follows:
Date of onset

Gun shot wound in abdomen perforating small intestine and hemorrhage at the angle of Wylie Mae Seward in self defense at 1233 N. Harrison, St. Louis Mo. About 1:05 A.M. Sept 5 1937.

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury 9/5 1937
Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound
Nature of injury hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Alfred Perry
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)