

550 JUL 12 1939 791
Registration District No. 1008

Primary Registration District No. _____

Registrar's No. 5529

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____ (21)
(c) City or town Saint Louis 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2320 Pine Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

In this community _____ years, months or days)
3. (a) PRINT FULL NAME Marshall Ward
3. (b) If veteran, name war _____ 3. (c) Social Security No. Unavailable

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased May 17th, 1913
(Month) (Day) (Year)

8. AGE: Years 26 Months 1 Days --- If less than one day _____ hr. _____ min.

9. Birthplace Tunica, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business _____
12. Name John Ward
13. Birthplace Grace, Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Listine Cosey
15. Birthplace Vicksburg, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Ward
(b) Address 2709 Walnut Street

17. (a) Burial (b) Date thereof Jun. 21, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gatter
(b) Address 4107-09 Finney Avenue

19. (a) JUN 21 1939 (b) J. P. Bledsoe
(Date received local registrar) (Signature of Registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17th
year 1939 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis and penetrating gunshot wound of the abdomen, inflicted at the hands of police officers in the performance of their duty about 2:30 P.M. June 15 1939

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 173
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically. X

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Gunshot Wound
(b) Date of occurrence 6-17-39
(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? _____

While at work? No. (Specify type of place) (c) Means of injury Gunshot
23. Signature J. P. Bledsoe (M. D. or other) _____
Address 3200 Clark Avenue Date signed 6/20

WALLS FLAUNLI—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER.

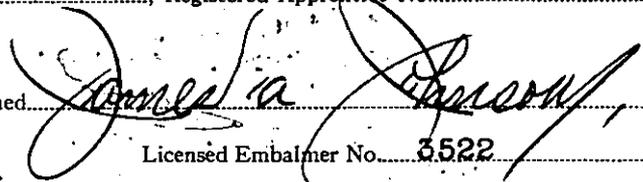
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107-09 Finney 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, above space should be left blank.