

NOV 16 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8144

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Beal 3930 Evans  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County Unknown  
(c) City or town Unknown XXX  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11  
year 1940 hour 7:20 minute 17 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Explosion, when

Due to front door in

Due to alley in rear of

3930 Evans about

Other conditions: 7:20 AM Sept 11-1940

Major findings: Homeicide

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homeicide

(b) Date of occurrence Sept 11/40

(c) Where did injury occur? Unknown

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? Unknown (Specify type of place)  
(e) Means of injury Explosion

23. Signature Joseph M. [Signature] Or. D. or Other? \_\_\_\_\_

Address Deputy [Signature] Date Signed \_\_\_\_\_

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

3. (a) PRINT FULL NAME Unknown Col male

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race Col

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Full term  
age Unknown  
(Under 1 year)

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

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace il  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Police Dept  
(b) Address 10th Street

17. (a) (Burial, cremation, or removal) Unknown (b) Date thereof 9-17-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Unknown

18. (a) Signature of funeral director W. R. [Signature]  
(b) Address 3504 Ridge

19. (a) OCT 1 1940 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's signature)

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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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**

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