

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33933

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8639

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: en route Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 3 Years
years, months or days

3. (a) PRINT FULL NAME

Lelia Brown

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pete Brown 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased march 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 7 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown
13. Birthplace Hickman Ky (City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Hickman Ky (City, town, or county) (State or foreign country)

16. (a) Informant Pete Brown

(b) Address 4005 Westminister

17. (a) Burial (b) Date thereof 10/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation green wood

18. (a) Signature of funeral director Pinkie L. Torrey

(b) Address 3129 Lucas Ave

19. OCT 19 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4005 Westminister
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

no attending physician.
20. DATE OF DEATH: Month Oct. day 16th
year 1940 hour 2: minute 10 P.M.

21. I hereby certify that I attended the deceased from _____

that I last saw him _____ alive on _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of Brain due to gunshot wound inflicted at the hands of one David Oliver, col., about 2:00 P.M., October 16, 1940, at 4005 Westminister Place.

Due to HOMICIDE.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) HOMICIDE

(b) Date of occurrence 10/16/1940

(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? Home

While at work? _____ (Specify type of place) _____ means of injury _____

23. Signature W. H. Cherry (M. D. or other) _____

Address 4005 Westminister Date signed 10/19/40

(Licensed Embalmer's Statement on Reverse Side)

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

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. 3271

P. O. Address St. Johns me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.