

No. 2
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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9355**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2765**

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:
Hamer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0**
(Specify whether
In this community **20**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **22**
(c) City or town **St. Louis** **080**
(If outside city or town limits, write "RURAL") **179**
(d) Street No. **208 S. 23rd St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Ozzie Kidd**

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 **George Kidd** 6. (c) Age of husband or wife if alive **27** years
7. Birth date of deceased **Aug 15 1899**
(Month) (Day) (Year)

8. AGE: Years **51** Months **7** Days **6** If less than one day hr. min

9. Birthplace **Rienzi Miss. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Wyatt Williams**

13. Birthplace **Miss. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda**

15. Birthplace **Miss. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Kidd**

(b) Address **802 S. 23rd St.**

17. (a) **Burial** (b) Date thereof **3-28-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **MR Dowell**

(b) Address **1211 N Taylor Ave**

19. (a) **MAR 28 1941** (b) **J. W. Gredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **21**
year **1941** hour **2** minute **15** 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 **Internal Hemorrhage from lacerations of lower part spleen, inflicted at the hands of one Carlton James (col) in home at 208 S. 23rd St., about 2:10 PM Mar 21 1941**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **MM**
Of autopsy **MM**

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) **Homicide**

(b) Date of occurrence **Mar 21 1941**

(c) Where did injury occur? **St Louis med**
(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) (b) Means of injury **stab wound**

23. Signature **Walter Perry** (M, D, or other) **3**

Address **Deputy Coroner** Date signed **3/24/41**

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

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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.....

..... William C. McPawell, Registered Apprentice No.....
working under my personal supervision.

Signed.....

William C. McPawell

Licensed Embalmer No..... 2114

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, fact should be so stated above.