

Registration District No. 784

Primary Registration District No. 500

Registrar's No. 1441

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9951 S. Broadway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 9951 S. Broadway 0
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Beatrice Major
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 16
 year 1941 hour 11 minute 30 a. M.

4. Sex Female/ 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

7. Birth date of deceased April 10 1917
(Month) (Day) (Year)
 8. AGE: Years 24 Months 5 Days 6
If less than one day hr. min.

Immediate cause of death. Gun-shot wounds fired from a pistol in the hands of William Major
 Due to Gun-shot wounds; punctured brain and fracture of left parietal bone.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions 166
(Include pregnancy within 3 months of death)

11. Industry or business _____
 MOTHER FATHER { 12. Name John Riley
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Fore
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy Yes
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Elizabeth Riley
 (b) Address 9951 S. Broadway
 17. (a) Burial (b) Date thereof Sept. 19, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Homicide
 (b) Date of occurrence September 16, 1941
 (c) Where did injury occur? 9951 So. Broadway
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? In home
(Specify type of place)

18. (a) Signature of funeral director C. Hoffmeister & Co.
 (b) Address 7814 S. Broadway
 19. (a) SEP 17 1941 (b) C. H. Mc Laran
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury 3
 23. Signature Louis H. Barr
 Address Kirkwood, Mo. Date signed 9/17/41

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.