

FILED MAR 24 1942  
791

Registration District No. \_\_\_\_\_

Primary Registration District No. **100**

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:  
**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 \_\_\_\_\_  
years, months or days **11 years**

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 **811 North 23th St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jeff Oatis**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **unknown**

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec. 25, 1902**  
(Month) (Day) (Year)

8. AGE: Years **39** Months **2** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Labor**

11. Industry or business **National steel- Castings**

12. Name **Jeff Oatis**

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

14. Maiden name **Luann Morton**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Bell Robinson**

(b) Address **1237r North 9th St.**

17. (a) **Burial** (b) Date thereof **Mar. 6, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father-Dickson**

18. (a) Signature of funeral director **Dement & Son**

(b) Address **2620-31 Cole St.**

19. (a) **MAR 4-1942** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **28th**  
year **1942** hour **1:00** minute \_\_\_\_\_ P. 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 **Fractured Skull;** Duration \_\_\_\_\_  
**Extradural and subdural hemorrhage;**  
**when he was struck with a chair in**  
Due to **the hands of one Alonzo Harris,**  
**Col. in the rear of 2308a Cole St.**  
Due to **about 10:00 P.M., Feb. 20, 1942**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) **Excusable Homicide**

(b) Date of occurrence **Feb. 20, 1942**

(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?  
**21 In Home**  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature **Alfred Perry** (M.D. or other) \_\_\_\_\_  
Address **St. Louis** Date signed **3/3/42**

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

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Palmer*

**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.**