

Registration District No. 318  
Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis Missouri  
(b) City or town St. Louis Missouri  
(c) Name of hospital or institution: Homer Phillips Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME Charles Harvey  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 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 9 10 1912 (Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name John Harvey

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

14. Maiden name Rosa Steith (City, town, or county) (State or foreign country)

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

16. (a) Informant Ella Clark

(b) Address 4544 Garfield

17. (a) Burial (b) Date thereof 11 7 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney Ave.

19. (a) NOV 6 1942 (Date received local registrar) (b) J. F. Buresch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. 4606 Cottage (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd year 1942 hour 9:19 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: Generalized Peritonitis following gunshot wound of abdomen at the hands of one James Rogers, Col. in front of West End Dance Hall Vandeventer and Finney Ave. Due to 2:00 A.F. October 30, 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) Homicide

(b) Date of occurrence Oct. 30, 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? In Public Place (Specify type of place)

While at work? (Specify type of place) (e) Years of injury

23. Signature Thomas F. Callahan (Physician or other)

Address Deputy Coroner Date signed 11/4/42

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

MOTHER FATHER

**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. *2698*

P. O. Address *2769 Chautauq*

**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.**