V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23188

FILED AUG 14 1944

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6787

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: Enroute to Home 3 Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 8 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO. (b) County 17

(c) City or town ST. LOUIS 921 (If outside city or town limits, write "RURAL")

(d) Street No. 321 NORTH 20TH ST. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Lee

3. (b) If veteran, name war —

3. (c) Social Security No. 487-18-1197

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 8 (Month) 7 (Day) 1912 (Year)

8. AGE: Years 31 Months 11 Days 20 If less than one day hr. min.

9. Birthplace LENA (City, town, or county) MISS. 18 (State or foreign country)

10. Usual occupation PORTER

11. Industry or business

FATHER
12. Name SID LEE
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

186

16. (a) Informant Rubie Love

(b) Address Earl ark

17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 8-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington Blvd

19. (a) AUG 3 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1944 hour 11 minute 35 P.M.

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.

Immediate cause of death Fractured Skull with Intracranial Hemorrhage deep lacerated wound of scalp (Left frontal Region) contused and Bruised wounds of left moist and left hand when he slipped and fell on the sidewalk 100 feet west of 20th St on Chestnut

Due to

Other conditions (Include pregnancy within 3 months of death) Chasing Cal Willie Washington Cal

Major findings: Of operations and Howard Wilson about 11 P.M. July 29

Of autopsy

Duration

PHYSICIAN Cal

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) Accident 000

(b) Date of occurrence 7-29-44

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callan (M. D. or other)

Address Deputy Coroner Date signed 8-3-44

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4675 Aldine

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.