

FILED JUN 30 1945
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5373

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution In Room to St. Ann's Hospital
(d) Length of stay: In hospital or institution 3
In this community 10 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 125 Convent St.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annie May Mays
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 17 day June
year 1945 hour _____ minute 25 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.

4. Sex F 5. Color or race negr 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Shot gun wound of brain in skull with bullet with gun in the hands of one of the boys at 322 Convent Street around 8:20 PM June 17, 1945

7. Birth date of deceased Sept 25 1938
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations: _____
Of autopsy: ✓

8. AGE: Years 10 Months 8 Days 22
If less than one day _____ hr. _____ min.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 17, 1945
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) (e) Means of injury 6 above

9. Birthplace School, St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business _____
12. Name Albert Mays
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Rutha Johnson
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Rutha Mays
(b) Address 125 Convent St.
17. (a) Burial (b) Date thereof June 28 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Ann's Cemetery
18. (a) Signature of funeral director J. J. Bredich
(b) Address 1402 St. Louis
19. (a) JUN 19 1945 (Date received by Registrar) (Registrar's signature)

23. Signature Thomas F. Collins (M. D. or other)
Address Carver Date signed 6-19-45

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: *James A. Johnson*

..... Licensed Embalmer No. *3522*

..... P.O. Address: *3704 Jendry ave*

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.