

U. S. No. 2  
OM-5-43  
REV. 5-17-39  
I X36877

**FILED** MAR 28 1946  
Registration District No. 318

Primary Registration District No. 1003

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (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 K. Phillips  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 8 months  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1252 N. Euclid ave.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JESS MOTLEY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 5  
 year 1946 hour 12 minute 58 P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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 (Day) (Year)

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the day and hour stated above.

7. Birth date of deceased Dec 7 1920  
(Month) (Day) (Year)

Immediate cause of death Internal hemorrhage from gunshot wounds of lateral chest wall, lungs, and liver of the right chest, which followed a fight with John Roberts, which followed a suggested emergency being a Army Sergeant and attached sergeant Robert Heikel on the home at 1262 N. Euclid Ave, around 12:30 P.M.  
 PHYSICIAN

8. AGE: Years 25 Months 2 Days 27  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer  
 11. Industry or business None  
 12. Name Arthur Motley  
 13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
 14. Maiden name Laura Fentress  
 15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

Findings: Justifiable Homicide in the line of duty as a police officer  
 Cause of death John Roberts  
 Undersigned certifies that the cause to which death should be charged statistically.

16. (a) Informant Anna Bell McCollum  
 (b) Address 1649 W. Cole  
 17. (a) Burial (b) Date thereof Mar 8 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Chicago Ill.

22. If death was due to natural causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Justifiable Homicide  
 (b) Date of occurrence March 5 1946  
 (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?  
Home Anna  
(Specify type of place)

18. (a) Signature of funeral director F. A. Green  
 (b) Address 2915 Franklin Ave  
 19. (a) MAR 8 1946 (b) J. H. Deane  
(Date received local health officer) (Registrar's signature)

23. Signature Dr. Alfred Perry (M.D. or other) \_\_\_\_\_  
 Address Deputy Coroner Date signed 3-8-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
10383

**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: *G. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin av*

**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.**