

FILED JUN 13 1946

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County.....
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Permanental dead James Phillip
(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)

3. (a) PRINT FULL NAME Walter D. Thompson

3. (b) If veteran, name war NO 3. (c) Social Security No.

4. Sex Male 2 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

7. Birth date of deceased Feb 24 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 3 11 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Wagner Elec. Co

12. Name Charles Thompson

13. Birthplace UNK 30 Carolina
(City, town, or county) (State or foreign country)

14. Maiden name LAURA GARDNER

15. Birthplace UNK 30 Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Thompson

(b) Address 4243 Maffitt, AVE.

17. (a) Burial (b) Date thereof JUN 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English and Co.

(b) Address 2931 LUCAS AVE

19. (a) JUN 3 1946 (b) J. F. Brudeck
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4760 PAGE, Blvd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1946 hour 1:59 minute A. 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 Internal hemorrhage from gunshot wound of Abdomen inflicted at the hands of one

Due to William McCoy Bell, Col., when the deceased was advancing toward him and
Due to his wife with a butcher knife in the home at 4720 Page Boulevard around

Other conditions 1:59 A.M., May 29th, 1946.
(Include pregnancy within 3 months of death)

JUSTIFIABLE HOMICIDE

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 May 29th, 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

(Specify type of place)
While at work? no Means of injury gun

23. Signature Walter D. Thompson (M.D. or other)
Address 4243 Maffitt, AVE. Date signed 6/3/46

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.