

FILED JUN 6 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1839

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: James S. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dorothy Winters

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

4. Female 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 April 5 1926
(Month) (Day) (Year)

8. AGE: Years 20 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business —

12. Name Sam Lew

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

14. Maiden name Ethel M. Galbreath

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

16. (a) Informant Ethel Daniel

(b) Address 2225 Eugene

17. (a) — (b) Date thereof MAY 30 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Episcopal Church

18. (a) Signature of funeral director J. H. Green

(b) Address 2915 Franklin Ave

19. (a) MAY 30 1946 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Co.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2315 Helms
(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 21
year 1946 hour 1 minute 2 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 Ethel M. Galbreath

following Stomach & neck

scalp and left arm inflamed

following alteration with one

bullet scarred (all) in front of

Dec 32 & 9 Drunkles Ave Ground 11300 h

May 20 1946

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: 167

Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence May 20 1946

(c) Where did injury occur? —
(City or town) (County) (State)

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

While at work? — Means of injury —

23. Signature W. P. Mervoy (M.D. or other)
Address — Date signed 5/30/46

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.....

J. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.