

S. No. 2
M-5-43
7-5-17-39
I X3667

FILED AUG 29 1946
318

Primary Registration District No. 1003

Registrar's No. 6721

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: en route to City Hospital 3
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2724a Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bobbie Jean Kerr

3. (b) If veteran, name war None 3. (c) Social Security No. N498-20-4995

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced S /
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 4 16 hr. _____ min.

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

10. Usual occupation Factory Worker

11. Industry or business Husman Ligoneer

12. Name Everett Kerr

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

14. Maiden name Lessie Hyde

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

16. (a) Informant Mr. Joseph J. Schryver

(b) Address 2724a Benton St.

17. (a) Burial (b) Date thereof 8/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Promet Ind. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) AUG 1 1946 (b) J. F. Bredebeck
(Date given local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 10 minute 00 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 Hemorrhage caused by stab wounds of the heart and lungs; Multiple stab wound of the body inflicted with butcher knife, in the hands of one Roy Howard Whipkey at 2023 N. Broadway around 9:40 PM July 29, 1946.

Due to HOMICIDE.

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

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 7-29-1946
(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?
public place

1) While at work? no (Specify type of place) (c) Means of injury see above

23. Signature Thomas J. Callahan (M. D. or other) _____
Address Parsons Date signed 8-1-46

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

2460

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.....

A. C. Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.