

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36571

**FILED** AUG 28 1946  
318

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **6256**

**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 Phillips  
(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 Mo (b) County Os  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3230 LUCAS AVE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 29th  
year 1946 hour 7:30 minute \_\_\_\_\_ A.M.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife NINA LEE  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased Aug 6 1888  
(Month) (Day) (Year)

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.

8. AGE: Years 57 Months 11 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Marshall Mo  
(City, town, or county) (State or foreign country)

Immediate cause of death Gunshot wounds of Heart, stomach and right lobe of Liver inflicted with gun in the hands of one Silas Campbell, Col., in front of 3218 Franklin Avenue, around 7:30 A.M., July 29, 1946.  
Other conditions HOMICIDE  
(Include pregnancy, within 3 months of death)

10. Usual occupation Porter  
11. Industry or business \_\_\_\_\_  
12. Name Monroe Lee  
13. Birthplace Marshall Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name UNK  
15. Birthplace UNK Mo  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy yes  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant NINA LEE  
(b) Address 3230 LUCAS AVE  
17. (a) Burial (b) Date thereof Aug 2, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters  
18. (a) Signature of funeral director English Und. Co.  
(b) Address 2931 LUCAS AVE  
19. (a) AUG 2 1946 (b) J. F. Breda  
(Date received local health dept) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) homicide  
(b) Date of occurrence July 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  
While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury gun

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

40

27057

217

Duration

166

3  
Date signed 8/2/46

**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 *Burton 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.**