

Registration District No. 318 Primary Registration District No. 1003

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:
Homa G. Philips. Hospital.
(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 Beatrice Wilson Haley.

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Wallace Haley 6. (c) Age of husband or wife if alive Yes, 48

7. Birth date of deceased unknown.
(Month) (Day) (Year)

8. AGE 39 Years Months Days If less than one day
hr. min.

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

10. Usual occupation Pur. Finisher.

11. Industry or business _____

12. Name Rev. J.T. Mayfield.

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

14. Maiden name Annie

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

16. (a) Informant John Etta Johnson (Daughter)

(b) Address 613 West Maxville, St. Louis, Mo.

17. (a) Removal (b) Date thereof _____
(Funeral, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Lexington Lexington Ky.

18. (a) Signature of funeral director Raymond S. Dwyer

(b) Address 4453 Garfield Ave, St. Louis, Mo.

19. (a) 7-19-48 (b) J.T. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL")
(c) Street No. 4446 (near) N Market
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour _____ minute 400 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 _____ of the date and hour stated above.

Immediate cause of death Brain Abscess caused by Bacteria of the eye and eye. A Chemura destruction of both eyes. Due to a fall in a altercation with Effie Lewis (col) in her home. Due to 3719 Cass Ave. Council. 5500 in June 25 - 1948

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

Major findings: Of operations 168

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) Justified Homicide

(b) Date of occurrence June 25 - 1948

(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? Yes

(Specify type of place) _____ (e) Means of injury Gun

23. Signature Dr. E. J. ... (M. D. or other) _____

Address _____ Date signed 7/16/48

AUG 4 1948

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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.....

J E Cooper, Registered Apprentice No. 505
working under my personal supervision.

Signed James Phya
Licensed Embalmer No. 4941
P. O. Address 2829 Fashin

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.