

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31775
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8078**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
c. LENGTH OF STAY (In this place) 3 years		d. STREET ADDRESS (If rural, give location) 21 924 N. 22ND ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			

3. NAME OF DECEASED a. (First) Oliver b. (Middle) _____ c. (Last) GARY		4. DATE OF DEATH (Month) (Day) (Year) 9 14 1949	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 17, 1919
9. AGE (In years last birthday) 30		10. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (State or foreign country) VAIDEN, MISS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		12. CITIZEN OF WHAT COUNTRY? _____	

13a. FATHER'S NAME LYNN GARY	13b. MOTHER'S MAIDEN NAME Phebbia Springfield	14. NAME OF HUSBAND OR WIFE ELLIE MAE GARY
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 2	16. SOCIAL SECURITY NO. 426-22-7050	17. INFORMANT'S SIGNATURE OR NAME Ellie Mae Gary ADDRESS 1828 Biddle St
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 1. Cellulitis left leg following gunshot wound; 2. Lobar Pneumonia; inflicted while		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) scuffling over possession of a gun with one Ellie Mae Gary, Col., in the DUE TO (c) home, 922 N. 22nd St. around 12:08 A.M.		
II. OTHER SIGNIFICANT CONDITIONS Aug. 21, 1949; Conditions contributing to the death but not related to the disease or condition causing death. WHETHER ACCIDENTAL OR JUSTIFIABLE			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION HOMICIDE COULD NOT BE DETERMINED	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open Verdict	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 184
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/21/49 12:08A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? See Above

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:02A.** m., from the causes and on the date stated above.

23a. SIGNATURE Thomas E. Dingle (Degree or title) 3	23b. ADDRESS 1300 Clark Ave	23c. DATE SIGNED 9-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-22-49	24c. NAME OF CEMETERY OR CREMATORY WINONA, MISS.	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. SEP 19 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. ROBINSON & SONS, 1720 O'FALLON ST
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 7 1948

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul V. Freeman

Licensed Embalmer No. 4686

P. O. Address 4585 Aldine 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.