

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15454

State File No.

APR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3692**

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2277					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY OR TOWN ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 22 1201 SOUTH 14TH ST.					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) LESLIE		c. (Last) BAY			
4. DATE OF DEATH (Month) (Day) (Year) 4 5 53		5. SEX MALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT-17-1928		9. AGE (In years last birthday) 24 10. IF UNDER 1 YEAR (Months) 6 11. IF UNDER 1 HR. (Hours) 18			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER		10b. KIND OF BUSINESS OR INDUSTRY SALVATION ARMY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM F. BAY		13b. MOTHER'S MAIDEN NAME LEOLA LONG			
14. NAME OF HUSBAND OR WIFE PHYLLIS BAY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES 2nd WW		16. SOCIAL SECURITY NO. 533-26-2334			
17. INFORMANT'S SIGNATURE OR NAME PHYLLIS-BAY		18. ADDRESS 1201 S 14TH ST. ST. LOUIS					
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, asphyxia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of skull of brain ANTECEDENT CAUSES suffered when shot with guns due to (b) hands of police officers flung and shattered in front of bullet 3325 Pestalozzi street II. OTHER SIGNIFICANT CONDITIONS 830 pm April 5 1953 after deceased had held up stick at				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2901 Virginia Ave. Justifiable homicide in the performance of duty		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT OR SUICIDE Justifiable homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 5 53 8:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F984X			
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 830 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Patricia E Taylor		23b. ADDRESS 1900 Oak		23c. DATE SIGNED 4.8.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-11-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		DATE REC'D BY LOCAL REG. APR 8 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			
25. FUNERAL DIRECTOR'S SIGNATURE JAY-B-SMITH		ADDRESS 7456 MANCHESTER.					

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.....
Signature of Student Embalmer

Signed *J.P. Burgess*.....

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.