

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24298

State File No. ....

FILED AUG 2 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5527

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3949 Washington Blvd.</b>				
3. NAME OF DECEASED (Type or Print) <b>OLLIE</b>		a. (First)	b. (Middle)	c. (Last) <b>ROPER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 22 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 6, 1913</b>	9. AGE (In years) Last birthday) Months Days <b>41 10 16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building Trade</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Forrest City, Arkansas</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Milliard Roper</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Freeman</b>		
14. NAME OF HUSBAND OR WIFE <b>Rursia Roper</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Taylor</b>		ADDRESS <b>3949 Washington Blvd.</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound of skull and brain; suffered when shot with gumball hands of Police Officer George Tate, in the</b> II. OTHER SIGNIFICANT CONDITIONS (b) <b>Due to official police duty, performed by about 3943 Delmar Ave., about 3:30 am.,</b> III. ANTECEDENT CAUSES (c) <b>Due to</b>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>June 21, 1955.</b>		19b. MAJOR FINDINGS OF OPERATION <b>See above.</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT OR SUICIDE <b>Justifiable homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 21 1955 3:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>E984X</b>		
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 _____ m., from the causes and on the date stated above.						
23a. SIGNATURE <b>William E. Smith</b>		(Degree or title)		23b. ADDRESS <b>1300 Clance</b>		
23c. DATE SIGNED <b>6/27/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-27-55</b>		
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. RANDLE &amp; SON</b>		
DATE REC'D BY LOCAL REG. <b>JUN 27 1955</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		ADDRESS <b>3133 Bell Ave.</b>		

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

**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. J. Watson*

Licensed Embalmer No. *265*

P. O. Address..... *2769d*

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.