MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22056

1. PLACE OF DEATH

County .... Registration District No. 781

Township .... Primary Registration District No. 7162

City St Louis (No. Enroute to Hosp St. .... Ward)

File No. ....

Registered No. 6225

2. FULL NAME George Womack

(a) Residence. No. 31?? S. Compton St., 18 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ...... yrs. ...... mos. ...... ds. How long in U.S., if of foreign birth? ...... yrs. ...... mos. ...... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 27, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
	28	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ball Player
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer ....

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER: Edward Womack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ....
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER: Maggie Dickens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ....
(STATE OR COUNTRY) Tenn.

14. INFORMANT: Mrs. Maggie White
(Address) 3500 Laclede Ave.

15. Filed JUN 11 1928 Carl ?? Parker, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....,
that I last saw h.... alive on ...., 19...., and that death occurred, on the date stated above, at 11⁴⁵ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 173

Gun shot wound of chest

(duration) ...... yrs. ...... mos. ...... ds.

CONTRIBUTORY (SECONDARY) Homicide 197

(duration) ...... yrs. ...... mos. ...... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ....

DID AN OPERATION PRECEDE DEATH? .... DATE OF ....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) Wm Dwyer, M.D.

6/8, 1928 (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park

DATE OF BURIAL: June 12 1928

20. UNDERTAKER: J.H. Harrison

ADDRESS: 2906 Lawton.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.