

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.

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

Do not use this space.

**JAN 23 1936**

40922

1. PLACE OF DEATH  
 County St. Louis Registration District No. 989  
 Township Normandy Primary Registration District No. 6033  
 City Overland (No. Overland) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Willie Flanders  
 (a) Residence, No. 4474 Fairfax St. \_\_\_\_\_ 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 Callie Flanders  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7-1885  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
50 9 9  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Charleston, (STATE OR COUNTRY) S. Carolina  
 13. NAME unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Callie Flanders (ADDRESS) 4474 Fairfax ave.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson 12/20/35 19.  
 19. UNDERTAKER W. S. Wade Mnd. Co. (ADDRESS) 4204 Junney Cr.  
 20. FILED 12-19- 19 35 A. A. Bachner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/1935, 19  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h. .... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:45 PM  
 The principal cause of death and related causes of importance were as follows:  
Gunshot wound, killed by officer of the law, shot twice thru chest once thru leg, near hip; with 38 caliber steel jacket revolver. Secondary; Gunshot wound  
 Other contributory causes of importance:  
internal and external hemorrhage.  
 Verdict of Jury: By justifiable homicide, by an official officer, while in the performance of his duty  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis autopsy Was there an autopsy? YES  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city, town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. B. Stinson, M. D.  
 (Address) 378 Jennings Rd.  
Coroner St. Louis County, Mo.

12/19/35

