

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.

AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. of route, City Hospital #2)

791

1003

28170

File No.....

Registered No. 6928

St. Ward)

2. FULL NAME

(a) Residence, No. 1596 Franklin St., 25 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 Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 5 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Searles ark

13. NAME Allen Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark

15. MAIDEN NAME Lucinda Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark

17. INFORMANT Mrs Viola Hardy (ADDRESS) 3345 Belmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Searles ark. DATE 7/10 1936

19. UNDERTAKER A.P. Richardson (ADDRESS) 2600 N. Jefferson

20. FILED JUL 9 1936 Registrar. J.P. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from No physician in attendance.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9:10 A.

The principal cause of death and related causes of importance were as follows:

Stab Wound of heart, caused by knife in the hands of one Charles Walker (Col) in self-defense, in the rear of 1614 Biddle St.

Other contributory causes of importance:

JUSTIFIABLE HOMICIDE

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: 36

Accident, suicide, or homicide? Just. Homicide Date of injury 7/4 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In rear of home.

Manner of injury Stabbed by person (knife). Nature of injury Stab Wound of Heart.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify..... (Signed) Harold P. Shuf

(Address) Dept.

