

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17094

State File No. _____
Registrar's No. **4572**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None En route to Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizebeth Whitfield 314
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bennie Whitfield 6. (c) Age of husband or wife if alive unknown
7. Birth date of deceased Nov, 25th, 1919.
(Month) (Day) (Year)

8. AGE: Years 20 Months 05 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Uniontown Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Ernest Hoen

12. Name _____
13. Birthplace Moundville Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Sanders
15. Birthplace Uniontown Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Hoen
(b) Address 3433a Clark Ave.

17. (a) Burial (b) Date thereof 5-24-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Beverwood Cemetery

18. (a) Signature of funeral director Ellis Funeral Home
2820 Stoddard St.
(b) Address

19. (a) MAY 24 1940 (b) J. B. Bredak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis.
(c) City or town St Louis Mo. 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3433a Clark AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19
year 1940. hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from gunshot wound of abdomen and external lacerations due to the hand of one William Nicholson, Col. about 4:50 P.M. May 19 1940 at 3038 Magazine St.

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence May 19 1940
(c) Where did injury occur? St Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of place)
(e) Means of injury Gun shot
23. Signature Alfred J. Perry (M.D. or other)
Address 1212 W. 11th St. Date signed 5-21-40

WRITE PLAINLY—USE 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 L. B. Baykin, Registered Apprentice No. Apply working under my personal supervision.

Signed

Lomnie Baykin

Licensed Embalmer No.

2946

P. O. Address

St. Louis 97

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 this body is not embalmed, above space should be left blank.