

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38763**

RECEIVED DEC 11 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8976**

1. PLACE OF DEATH **St. Louis**
(a) County **St. Louis Mo.**
(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: **Enroute to Homer Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **About 1 year.** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **John Henry Amos**
8. (b) If veteran, No. **1** name war **No. 702-18-6216**
8. (c) Social Security No. **702-18-6216**

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Esther Amos** 6. (c) Age of husband or wife if alive **32** years
7. Birth date of deceased **July 23rd 1904**
(Month) (Day) (Year)

8. AGE: Years **36** Months **3** Days **5** If less than one day hr. min.

9. Birthplace **West Point Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Freight Handler**

11. Industry or business

MOTHER FATHER { 12. Name **Bob Amos**
13. Birthplace **West Point Miss.**
(City, town, or county) (State or foreign country)
14. Maiden name **West Point Miss.**
15. Birthplace **Delia Valian**
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther Amos**
(b) Address **2705 a Dayton St.**

17. (a) **Burial** (b) Date thereof **Nov. 2-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dixon Cem.**

18. (a) Signature of funeral director **Ellis Funeral Home**

(b) Address **2820 Stoddard St**

19. (a) **Nov 1 1940** (b) **[Signature]**
(Date received local health officer) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis Mo.** **21**
(If outside city or town limits, write "RURAL")
(d) Street No. **2705 a Dayton St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **28**
year **1940** hour **(9:55)** minute **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 left lung; suffered when deceased was shot with gun in**

Due to **the hands of one Henry Jackson, Col., in gangway of 2705 Dayton St.,**

Due to **about 9:55 P.M., Oct. 28, 1940,**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **Oct. 28, 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?
In Public Place

While at work? **5**
(Specify type of place) (Means of injury)

23. Signature **[Signature]** (a) D. or other

Address **[Signature]** Date signed

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. Boykin
_____, Registered Apprentice No. myself
working under my personal supervision.

Signed Lomnie Boykin
Licensed Embalmer No. 294
P. O. Address St. Louis Mo

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.