. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791 1005

State File No. 17039

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4557

1. PLACE OF DEATH:

(a) County .....
(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: HOMER PHILLIPS O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS. (Specify whether
In this community 24 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST LOUIS 227
(If outside city or town limits, write "RURAL")
(d) Street No. 319 Convent St 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Clarence Singleton
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 2 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 6 (Month) - 26 (Day) 1906 (Year)
8. AGE: Years 34 Months 10 Days 29 If less than one day ..... hr. ..... min.
9. Birthplace EAST ST LOUIS (City, town, or county) ILLS (State or foreign country)
10. Usual occupation LABORER.
11. Industry or business .....
FATHER 12. Name HENRY SINGLETON.
13. Birthplace ST LOUIS (City, town, or county) MO. (State or foreign country)
MOTHER 14. Maiden name FANNIE OLDEN.
15. Birthplace DRESDON, (City, town, or county) TENN. (State or foreign country)
16. (a) Informant Oturia Delogch
(b) Address 315 Convent, St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) 31 (Day) 41 (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington
19. (a) MAY 31 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1941 hour 11 minute 35 A.M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage and peritonitis following stab wound of the abdomen (Duration)
Due to inflicted at the hands of one Cortez adams col alias
Due to Bill Drake, in a shet in the rear of 2306 Clark Ave
Other conditions About 3:30 O'Clock May 19 1941
(Include pregnancy within 3 months of death)
Major findings: Of operations .....
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 May 19 1941
(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 (Specify type of place)
While at work? No (e) Means of injury Stab wound
23. Signature Alfred Perry M. D. or other
Address Deputy Coron Date signed 3/31/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Melvin Blackhurst

Licensed Embalmer No. 3962

P. O. Address 3103 Washington

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, fact should be so stated above.