

FILED OCT 18 1941

1003

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **7385**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Enroute to Homer Phillip Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **about 3 years** **3**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
**St. Louis, Mo.**  
(c) City or town **21** \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
**2612 Thomas Street**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Clifton States**  
(b) If veteran, **NO** (c) Social Security name war **NO**

4. Sex **2 Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **single 0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 5th 1916**  
(Month) (Day) (Year)

8. AGE: Years **25** Months **4** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **laborer**

11. Industry or business **Robert States**

12. Name \_\_\_\_\_

13. Birthplace **Jackson, Miss.** (City, town, or county) (State or foreign country)

14. Maiden name **Alice Brown**

15. Birthplace **Jackson, Miss.** (City, town, or county) (State or foreign country)

16. (a) Informant **Robert States** (b) Address **2612 Thomas Street**

(b) Address \_\_\_\_\_ Date thereof **Sept 15, 1941**

17. (a) **Burial** (b) Date thereof **Sept 15, 1941**  
(Burial, cremation, or removal) (City or town) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **A. L. Beal Und Co.**  
(b) Address **2726 Lucas Ave.**

19. (a) **SEP 12 1941** (b) **J. P. Bredlock**  
(Date received at registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **8th**  
year **1941** hour **11:33** minute **0** 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 a stab wound of the left lung inflicted at the hands of one John McFiee (Col.) at 2612 Franklin Ave. at Franklin Athletic Club about 11:20 P. M. Sept 8, 1941**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **107** Of autopsy **111**

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 **Sept 8, 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? **21 In Public Place**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Alfred Perry** (M. D. or other) \_\_\_\_\_  
Address **2612 Thomas Street** Date signed **9/12/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

405  
20  
17  
9

**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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmas

**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.**