. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4196

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1541

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11.

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3833 Page
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Newport Chriswell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race colored

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 November (Month) 21 (Day) 1900 (Year)

8. AGE: Years 41 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Morrilton (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Adam Chriswell
13. Birthplace Greenville (City, town, or county) South Carolina (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Rose Watts
(b) Address 3833 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bro.
(b) Address 3704 Finney Ave.

19. (a) FEB 19 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 15th
year 1942 hour 8 minute 10 P 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 from gunshot wound of abdomen and abdominal aorta, at the hands of one Harley Hayes, (Col.) in the home at 3833 Page Boul. about 7:30 o'clock P.M., February 15, 1942. HOMICIDE.

Duration

Due to

Due to

Other conditions
(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 2-15-1942
(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? (e) Means of injury 3

23. Signature Thomas F. Callanan (M. D. or other)
Address Deputy Coroner Date signed 2/18/42

(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 ..... myself ....., Registered Apprentice No. .....,
working under my personal supervision.

Signed Glenn C. Henderson

Licensed Embalmer No. 4141

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, fact should be so stated above.