

No. 2
4-13-40
5-17-39
P1 X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8357
Date File No. 2926
Registrar's No.

Registration District No. 791
Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Home
(d) Length of stay: In hospital or institution none
In this community 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County 11 mo 17
(c) City or town St. Louis
(d) Street No. 4410 W. Cote Brillante Ave
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wilbert Burrell
(b) If veteran, name war _____ (c) Social Security No. 497-814872

20. DATE OF DEATH: Month mar day 28 year 1942 hour 11 minute 10 P.M.

4. Sex Male 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

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.

7. Birth date of deceased: 12 (Month) - 21 (Day) 18 (Year)
8. AGE: Years 43 Months 2 Days 7 If less than one day hr. _____ min. _____

Immediate cause of death Internal hemorrhage from gunshot wounds of both lungs, liver, and stomach at the hands of one Fred Douglas, tall, black, in a restaurant at 1705 No. Sarah St. about 10:15 P.M.
Other conditions Mar 22 1942

9. Birthplace: Mason (City, town, or county) Tenn! (State or foreign country)
10. Usual occupation: laborer

Major findings: Of operations _____ Of autopsy 100%
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name: Adam Burrell
13. Birthplace: Tenn!
14. Maiden name: Jallie Walton
15. Birthplace: Tenn!

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence mar 22 1942
(c) Where did injury occur? St Louis
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

16. (a) Informant: Anna Walker
(b) Address: 4312 Lakadie Ave.
(c) Place: burial or cremation: Covington Tenn.
17. (a) Removal (b) Date thereof: 4-3-42
(c) Signature of funeral director: H. J. Smith
(d) Address: 4247 W. Lakadie Ave.
19. (a) APR 1 1942 (b) J. F. Bredack

While at work? _____ (Specify type of place) (c) Means of injury Gun shot.
23. Signature: W. J. Perry (M. D. or other) _____
Address: _____ Date signed 4/1/42

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.....

William C. McBowell

Registered Apprentice No.

working under my personal supervision.

Signed.....

William C. McBowell

Licensed Embalmer No.

2114

P. O. Address.....

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.