

FILED NOV 16 1942
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State File No. _____
Registrar's No. 9252

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town _____

(c) Name of institution Entrusted to Homer Phillip Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution About 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St Louis Mo. County 000

(b) City or town _____

(c) Street No. 4114 Aldine Street (If outside city or town limits, write "RURAL")

(d) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Durkson Corley

3. (b) If veteran, name war World War

3. (c) Social Security No. _____

4. Sex Male 5. Color or Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ophelia Corley

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased _____

8. AGE: Years About 50 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name George Corley

13. Birthplace Va. (City, town, or county) (State or foreign country)

14. Maiden name Laura Durkson

15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Ophelia Corley

(b) Address 4114 Aldine Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6-42 (Month) (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) NOV 5 1942 (Date received local health officer) (b) J. J. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 P
year 42 hour 7:15 minute _____ 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 heart at the hands of Paul Kempf in front of 3000 Easton Ave. about 7:05 PM Oct. 30th 1942.

Due to _____

Due to _____

Other conditions Excusable Homicide
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations 1661

Of autopsy 173

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

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

(b) Date of occurrence 11-30-1942

(c) Where did injury occur? Easton (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? _____ (Specify type of place) (e) Means of injury gunshot

23. Signature J. J. Bredek (Date signed) _____
Address 1309 Clark Date signed _____

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

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. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address..... *2649th Delmar Blvd*

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.