

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED JAN 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3339 Market St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Beulah Parrish
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8th
year 1946 hour 10 minute 00 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bud Parrish
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept 14 1898
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
47 4 4 hr. min.

Immediate cause of death 1. Lobar Pneumonia,
2. Localized peritonitis, following stabwound with knife in the hands
Due to of one Collins Graves, Col., at Ewing and Laclede Avenues, around
Due to 2:10 A.M., December 27th, 1945.

9. Birthplace Pine Bluff Ark
(City, town, or county) (State or foreign country)

Other conditions HOMICIDE
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

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

11. Industry or business
12. Name Sed. Baker
13. Birthplace UNK UNK. G
(City, town, or county) (State or foreign country)
14. Maiden name UNK
15. Birthplace UNK UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant Bud Parrish
(b) Address 3339 Market St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence December 27, 1945.
(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?
public place

17. (a) BURIAL (b) Date thereof JAN 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pine Bluff, Ark

While at work? (Specify type of place)
(c) Means of injury knife
23. Signature Thomas J. Callahan
Address _____ Date signed 1/14/46

18. (a) Signature of funeral director English Ind. Co
(b) Address 2931 Lucas Ave
19. (a) JAN 14 1946 (b) J. F. Breuch
(Date received by registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2954

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 Burton English
Licensed Embalmer No. 4208
P. O. Address 2931 Lucas Ave

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.